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THE DOCTOR:

A MONTHLY REVIEW

OF

BRITISH AND FOREIGN

MEDICAL PRACTICE AND LITERATURE.

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MAR 31 1894
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THE DOCTOR.

Multum in parvo.

VOL. VIII., 1878.

TO THE READER.

As this number is destined to fall into the hands of numerous non-subscribers, we will occupy a few lines in inviting them immediately to enrol themselves among our supporters. By so doing they will secure for their perusal the only medical journal which attempts to condense into a moderate compass an impartial epitome of the progress of medical science and practice, the only one which offers a bird's-eye view of all that passes in the medical world, the only one which glances at the medical literature of all countries, thus justifying to the fullest extent its motto, *Multum in parvo.* And yet THE DOCTOR is at the same time the *cheapest* medical journal. Surely, then, it ought to be supported by every well-to-do member of the profession, while no one is too poor to subscribe to this monthly chronicle of medicine. Those who take one or more of the weeklies should have this MONTHLY REVIEW as a supplement. Those who cannot afford a weekly—and it is a pity there should be any such—will find that THE DOCTOR will keep them informed of the improvements in their art, and furnish them with an index of medical opinion.

Old subscribers will see that we have fulfilled our promises, and will notice, we hope, some efforts to improve. They know that it rests with them whether others shall be made. If each will, during the ensuing month, not only renew his own subscription, but engage at least one friend to add his name to our list, we shall be able at once to carry out our wishes. We repeat, that the increased power thus given will be returned to those who give it.

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THE DOCTOR.—THE ONLY MEDICAL REVIEW.

WE regret to have to record the discontinuance, after a long and useful career, of the *British and Foreign Med.-Chir. Review.* Our late contemporary was an able and valuable exponent of medicine, and had a history which will cause many to regret its disappearance. It is no doubt true that the interval between the successive numbers of a Quarterly is considerable, and tends to take off something from the character of a serial, but such a work has a very important office to fulfil, the place of which it is not easy to supply. We should have thought that London could have supported one medical Quarterly. THE DOCTOR, as is well known, has been the heir to more than one journal—one a medical *Review.* As such it may be thought that we may be able to some extent to occupy the vacant place thus left in our periodical literature. This we shall endeavour to do, so far as space will admit, by once more extending our Review department, and if adequately supported in this respect, we shall not hesitate still further to *enlarge* THE DOCTOR. In our department headed "About Books," we have constantly endeavoured to make our criticisms really useful to book buyers. We have taken every precaution to hold the balance evenly. We have secured for books sent to us the critical judgment of teachers in our medical schools, and of hospital physicians and surgeons, and adopted such measures as we could to make our reviews trustworthy. We shall continue in this course. How much space we shall devote to reviews will to some extent depend on the additional support that may be accorded to us in our new effort to meet this demand. If compelled to be more brief than the Quarterly, we appear three times as frequently, and in these days brevity will scarcely be considered a fault. To do justice between authors and readers will be our first aim, and if we succeed in this we shall accomplish a worthy object. So far as practicable, we shall notice all books which are sent to us for that purpose; and though we shall not withhold approval where we believe it to be due, we shall not hesitate to censure whatever seems to us to deserve disapprobation. The weeklies are so over-crowded with other matter that they have no room for anything but the most meagre reviews. It seems, therefore, a duty for THE DOCTOR to make a still further effort in this direction, and we are consequently prepared to extend our columns

"About Books" as far as our supporters may desire, in order to occupy the place thus left to us as the only *Medical Review* now published in London.

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DR. MARION SIMS AND HIS COLLEAGUES.

The *St. Louis Clinical Record* has published an *Extra*, entitled "Editorial Interview with Dr. J. Marion Sims, a full exposition of the points in the controversy between Drs. Peaslee, Emmet, and Thomas, and Dr. Sims." We learn that the Women's Hospital of the State of New York was initiated by Dr. Sims in February, 1855, and the hospital was opened for patients the following May. From 1855 to 1862, with one assistant, Dr. Sims performed the whole service. On his departure for Europe in 1862, Dr. Sims was appointed surgeon-in-chief. On Dr. Sims's return, having been elected one of the Board of Governors, he induced the authorities to remodel the medical service by creating a medical board of four, among whom the beds in the hospital were to be equally divided. The governors selected Drs. Peaslee, Emmet, Thomas, and Sims. In 1874, owing to the governors passing a resolution that only fifteen visitors should be present at the operations, Dr. Sims intimated that unless this resolution was rescinded he should send in his resignation. The governors adhering to their resolution, Dr. Sims resigned. There was a movement to reinstate him; but now comes the scandalous character of the whole affair. Dr. Sims's colleagues were—first, Dr. Emmett. This physician had been Dr. Sims's assistant; second, Dr. Thomas; Dr. Sims had given him the privilege of holding an out-door clinic, thus laying the foundation of his gynæcological knowledge; third, Dr. Peaslee, was a sworn friend. These colleagues, it is alleged, began by insinuations, then waxed bolder in assertions, afterwards induced the governors to accept garbled statements, and eventually succeeded in driving Dr. Sims, the parent of the hospital, out of it. The names mentioned stand high in the medical world for research. They are landmarks in the progress of gynæcology. We deeply regret, for the sake of the new and special department they represent, that the scandal under consideration should have taken place. Surely the washing of any "dirty linen" in the hospital might have been done without the eyes of medical Europe being offended, and its honour dragged into the dirt. We know that Dr. Sims is a bold operator, so are Péan, Paget, Spencer Wells, Billroth, and a legion of others. We know he is a successful operator, and far beyond his compeers. It is sad to find in this enlightened nineteenth century, and in *free* (?) America, a body of men representing the most liberal of all the professions, truckling to personal interests, and devoid of the very shame that prevents a schoolboy being sent to "Covertry."

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MORPHIA POISONING.

Dr. Dobrachtow has recorded, *St. Petersburgh Med. Woch.*, a case of recovery after 10 grains of acetate of morphia. She was treated by sulphate of atropia, and took as much as 1-10th gr. subcutaneously and an equal quantity by the mouth.

CHRONICLE.

THE ANTISEPTIC SYSTEM IN FRANCE.

The *Lyon Médical* has published the paper read by Prof. Létiévant at the Havre Congress. The learned surgeon of the Lyon Hôtel-Dieu has tried Lister's method for two years with great success, obtaining the full benefits of union by first intention where it was not otherwise to be expected, conservation of limbs in grave cases, and suppression of purulent infection. The system is getting a trial in various parts of France.

EXCISION OF THE LARYNX.

This formidable operation has been successfully performed in Glasgow by Dr. Foulis. Thyrotomy had previously been performed twice, and a recurrent growth removed. At length it was decided to remove the whole larynx. The patient consented, and the operation was done. The patient made a good recovery, and could dispense with artificial feeding in a fortnight. As soon as the wound contracted enough a vulcanite tube was fitted in with a vibrating reed which enables the patient to speak in a monotonous but loud voice.

GOUTY.

The gouty state promises to be a little more attended to. It is not so long since Sir J. Paget delivered himself upon it. Dr. Russell Reynolds's paper before the British Medical Association has also been published, and Dr. Bulkely opens the *American Practitioner* for November with an interesting article on the recognition of the gouty state in connection with certain skin diseases. If some have for a few years allowed this to occupy less attention than their predecessors gave it, there is little doubt that many are once more looking in this direction for a solution of some of the curious points which often arise in practice.

SPASMODIC RETENTION.

We find a note in the *Courier Méd.* of a case in which all general treatment failed to overcome the spasm of the urethra and neck of the bladder of a woman in whom retention was thus caused. A good effect was produced by a vaginal suppository of morphine and belladonna. We have ourselves often seen this form of medication most useful, and can therefore recommend it. Not long since we gave an account of the most recent investigations as to the absorption of medicines by the vaginal mucous membrane.

IODOFORM—HOW TO USE IT.

M. Besnier uses iodoform a good deal at the Hôpital St. Louis as an application to indolent ulcers, and also to chancres. We have recommended it in similar cases. His method of using it is to have it *finely* powdered and sprinkled over the sore, which is then covered with a piece of moistened oil-silk or gutta-percha tissue. It is most important to see that the drug is really finely powdered, or the crystals will only irritate.

ERGOTIN HYPODERMICALLY.

Mr. S. Grose, F.R.C.S., of Melksham, mentions some cases in the *Lancet* in which he found the subcutaneous injection of Bonjeau's ergotine most efficient in uterine hæmorrhages. Barnes, in his "obstetric operations," thinks ergot "untrustworthy" in *post-partum* hæmorrhage, and given by the stomach all will endorse this verdict. The question is, whether introduced hypodermically, it will be more efficient, and Mr. Grose's cases support those who think it will. He uses 10 to 15 minims of 24 grains of Bonjeau's ergotine in one dram each of rose-water and glycerine. Five minims thus equal 2 grains, a usual dose. This mixture, he says, is stable for some time.

ELECTROLYSIS FOR NÆVUS.

Dr. G. M. Beard relates, in the *New York Med. Journ.* or December, four cases treated successfully. In some no scar was left. In one a couple of sittings got rid of a port wine-stain an inch long and half an inch wide, but there will be "something of a scar for some years to come." In one, a single sitting sufficed to cause the nævus to disappear in ten days, leaving only a small scar, which will probably not be noticeable when the child grows up.

OPIUM SMOKING.

Dr. J. Watson, after several years' experience in China, seems to think the evils of this practice have been greatly exaggerated. In only about 10 per cent. of smokers did he find it manifestly injured them. In the remainder it did no good, and he thinks may in time produce evil. He has no doubt that the habit is a great evil, and when manifest injury is produced, the state of the patient is about as "miserable as any one can well imagine." It is therefore to him a comfort to think that opium smoking "is not so great an evil as is very generally believed."

GURJON OIL IN GONORRHŒA.

M. Vidal has introduced into France the use of Gurjon oil. He finds it an excellent substitute for copaiba, and in a recent thesis M. Deval corroborates this by a number of cases observed in M. Vidal's own clinic, and some others in M. Mauriac's. The dose advised should not exceed one drachm in the twenty-four hours. This amount will keep the bowels freely open. It is mixed with gum and some infusion. Its action is more rapid than that of copaiba, and it does not taint the breath. It may be used locally in vaginitis, &c. It has not provoked any eruption. M. Vidal has also employed it in leprosy.

ON A DIAGNOSTIC SIGN OF VAGINAL HÆMORRHAGE DURING PARTURITION.

Dr. Paul Budin, of Paris, has communicated a paper to the Obstetrical Society, as above, pointing out that when, during the birth of the child, a stream of blood ran over the neck and back (the presentation being occipito-anterior), such hæmorrhage was not from the uterus, but from the anterior wall of the vagina, a little behind the clitoris. Dr. Edis said he had met with a case of this kind. He found a rent near the clitoris, applied perchloride of iron and a T bandage with success. In reply to a question, if sloughing followed the application? he said it was a question of saving life.

VICARIOUS MENSTRUATION THROUGH LIFE.

M. Pench reports that he saw an old woman in the Toulon hospital who had never menstruated, but had, she averred, throughout the usual period of uterine activity, had vicarious hæmorrhages every month. A few times in early life she had hæmatoptysis, and afterwards hæmatemesis.

TREPHINING FOR IDIOCY.

Dr. Fuller, of Montreal, has, says the *Canada Lancet*, *conceived the novel idea of trephining out portions of the skull of an idiotic child of two years old, so as to allow the expansion of the brain.* The idea is certainly novel, so far as we know, no surgeon having previously ventured to remove portions of the skull-cap, so *as to allow the brain to expand.* We sincerely hope this brilliant (!) experiment will not be repeated. How does Dr. Fuller propose to protect the exposed portions of brain, should the brain protrude through the apertures he has made? According to latest advices, Dr. Fuller contemplates removing another piece. We hope not.

TAPELO TENTS.

The root of the tapelo tree has been introduced into the United States as a material for making tents. Its power of absorption is said to be greater than sea tangle; it is very light, and very smooth.

SCISSORS FOR CUTTING OPERATIONS.

Mr. Walter Whitehead, of Manchester, relates in the *Brit. Med. Journal* (Dec. 8th), a case in which he removed the tongue with scissors. The patient was a woman of 64, who had been suffering from epithelial cancer.

He took a strong pair of ordinary scissors and separated the tongue from its attachments to the gums in front and at each side, and then the muscles were deliberately snipped from before backwards at a plane well below the substance of the tongue. He adopted the plan of snipping from one side to the other in order not to divide two arteries at one time. The snipping was concluded, and the tongue removed well behind the foramen cæcum. Not more than an ounce of blood was lost during the operation. Hæmorrhage, however, took place within the hour, but it was contracted by the thermo-cautery.

The advantages claimed for this operation are:

1. Extreme simplicity.
2. The prospect of quick convalescence.
3. The control obtained by scissors in the direction of the cut and the amount removed.
4. The absence of any sloughing, affording immunity from septic dangers, and lessening the risk of secondary hæmorrhage.

RESTRICTING THE FLUID IN THE DIET.

Useful as it often is to encourage patients to drink large quantities of diluents, the reverse practice is in some cases equally reasonable, and most physicians must have had recourse to it. Possibly it is a little neglected, but in the writer's experience the restriction of fluids has often been the main indication of treatment. Dr. Cheadle has observed and carefully recorded some cases in which he carried out this plan as an aid to the treatment of serous effusions, and his contribution to the subject (*Lancet*) is useful as furnishing trustworthy data. He thinks it remarkable his patients did not suffer more thirst, but this quite accords with our own observations. The limitation did not produce a great diminution in the gross quantity of urine in renal disease, but the urea was not estimated. In serious renal disease it is not to be recommended, and Dr. Cheadle would scarcely use it unless very cautiously, and when constantly estimating the effect on the excretion of urea. One or two results come out very clearly from the cases, and are thus put by Dr. Cheadle:—

1. The fact that, in cases of serous effusion at any rate, if the fluid taken into the body as drink be limited to a small quantity, an amount of fluid can be drawn out of the body by the stomach and bowels greatly in excess of that thus put into it at the time.

2. That, although the excess of fluid thus drawn off may be obtained, to some extent, at the expense of the other secretions or the blood, the simultaneous subsidence of the dropsical accumulations, and the absence of any other sufficient source of supply show that it must have been chiefly derived from the latter.

3. The proportion of outflow by urine to inflow by drink, or the gain in drainage by the kidneys, was always greater when the fluid taken in as drink was reduced below twenty ounces; and, more than this, *that the gain in drainage was in inverse proportion to the fluid swallowed.*

4. The greatest drainage—*i.e.*, the greatest excess of outflow over inflow—was attained in each case under the administration of digitalis.

5. The reduction in the gross outflow of urine was always less in proportion than the reduction of inflow by drink, with which it corresponded; and conversely, the

increase of urine was always less than the corresponding increase of inflow by drink. The latter result may, however, have been affected by the previous privation. While it appears, therefore, that in these cases the drainage by the kidneys was generally effective in inverse proportion to the influence of quantity of drink swallowed, and that under the influence of digitalis a greater excess of outflow by urine over inflow by drink was obtained when the latter was limited to from five to sixteen ounces than when twenty to thirty ounces were taken, it does not necessarily follow that the same rule would hold good if larger quantities of fluid still were taken. It is possible that the additional quantity taken in may be more than compensated by increased outflow under the action of purgatives and diuretics. The enormous discharge of urine in the first case under the influence of digitalis, for two days before the drink was limited, would at first sight seem to support this view. But although, owing to the amount of drink not being measured, the means of accurate comparison are wanting, if we take the lowest average of 30 oz. = 849 cc. as the quantity of drink, it will be seen that the excess of inflow over outflow was 451 cc. and 195 cc., or an average of 1100 cc. as compared with 2157 and 1357, or an average of 1757 cc. for the two days next following, when the fluid was limited to sixteen ounces. The presumption furnished by the evidence in these cases, and especially by the record of the last, during the period when drink was unlimited, is against the view that the diuresis would be increased in proportion to the increased supply of fluid—that is, "water is the best diuretic." But experiments as to the effect of diuretics, and especially of digitalis, together with a free and large supply of drink, are necessary to clear up the point satisfactorily.

DIAGNOSIS OF DIABETES.

In the *Berliner Klinische Wochenschrift* (Nos. 41 and 42, 1876) Dr. Vert shows the importance of making an early diagnosis of this disease. The invasion of diabetes is seldom sudden, and when the disease is completely developed it is rarely, if ever, curable. The writer draws particular attention to the nervous symptoms which often precede the appearance of the disease. The urine should be examined in all nervous affections of a doubtful nature. Having ascertained the presence of sugar, we must next find out whether the glycosuria is permanent or temporary. Temporary glycosuria, or melituria, may occur suddenly after much cerebral excitement in persons who are otherwise healthy. It may occur after poisoning by carbonic oxide, after traumatic injuries, such as falls or blows upon the head, and after wounds of the brain, or alcoholic excesses. It may also accompany certain other affections, such as sciatica, cerebral apoplexy, mania, and phthisis. Quincke has found sugar in the urine after poisoning by morphia.

Changes in the character of an individual, an abnormal irritability of temper, insomnia, an extreme feeling of fatigue, disorders of vision, itching of the skin, pruritus of the genital organs, especially the vulva, and more or less protracted headache, are often the premonitory symptoms of diabetes. In all nervous affections of a doubtful nature, continual headaches, and especially in corpulent individuals, Dr. Vert tests the urine for sugar. During the last two or three years he has recognised diabetes in eight cases in which there were no other symptoms to lead him to suspect the presence of this disease. With regard to boils and carbuncles, their relation to diabetes is so well known that it is unnecessary to insist upon it.

TEMPORARY APHASIA.

Dr. Schlangenhausen (*Centralblatt*, April, 1877) records the case of a young woman, who on learning she was deserted by her lover, became insensible for a quarter of an hour and on regaining consciousness found she could not speak. In place of the desired words, she repeated, ti, te, to. She understood everything which was going on around her, and could express her meaning in writing, but not without much delay over articular words. The aphasia passed away in about five hours. Dr. Schlangenhausen think that the series of changes which went on in the brain were sudden contraction of the vessels, causing loss of consciousness, succeded by dilatation and hyperæmia, which were greatest in the regions supplied by the arteria fossæ Sylvii.

LITHOTOMY AND SURGERY IN CHINA.

At a meeting of the San Franciso Medical Society, Dr. S. G. Kerr gave an interesting account of his experience in China, where he practised medicine and surgery for many years as the medical officer of the missionary societies. The absence of anything like surgery in China, and the success attending the operations of foreign surgeons, render these hospitals very attractive to sufferers. Dr. Kerr was stationed in the district of Canton. In that region calculous affections abound to an extraordinary extent. He had operated on 420 cases, very few of which lived beyond a hundred miles distant. On the other hand, in some hospitals in the more northerly districts scarcely a case was known. The cause he could not explain. The country was alluvial, and the inhabitants used river water; but they always boiled it, as tea was their drink, and this would precipitate any mineral matters. Of the 420 cases alluded to, 50 were urethral calculi. There were 18 cases of preputial calculus, from which 400 stones, large and small, were removed. They were easily removed by simply slitting open the prepuce, and yet there was no Chinese surgeon capable of doing as much as this. The largest stone weighed 7½ ounces, and the total weight of all the stones was 25½ pounds. Some statistics adduced by Dr. Kerr, show that lithotomy was the safest operation for aged persons.

Elephantiasis was very common in China, affecting chiefly the scrotum and legs. The operation of removing the diseased scrotum was common and successful. Tumours weighing 20, 30, and even 40 pounds were thus removed, care being taken to preserve intact the testicles and urethra. The operation for cataract was frequently performed, but was not so successful as that for lithotomy, owing to the impossibility of procuring proper instruments, and the defective organisation of the patients.

Syphilis is very common in China; from the historical records it must have prevailed there at a very early period. Small-pox was common, and in fact, epidemic almost every year; but in many cities and populous districts people generally were about as well-protected by vacciuation as those of our own country.

DIAGNOSIS OF HYDROPHOBIA.

Although Sir Thomas Watson thinks this disease cannot be mistaken by one who has seen it, some errors have been made, and *The Medical Press and Circular* has published the following table of the differences between this disease and tetanus:—

1. Tetanus results from injuries of the most varied character.

2. The effects follow in a very short space of time, a week seldom, if ever, elapsing between the injury and the development of the symptoms; while the shortest interval between the bite and the first symptom of rabies was 12 days, the longest 334 days, and the average 61 days 18 hours in the 120 cases collected by Dr. Holland.

3. That anxiety, horror, dyspnœa, or convulsions at the sight of fluids form no part of the symptoms included under the term tetanus.

4. That in tetanus some of the muscles are often in a state of continuous rigidity, and that the convulsions occur at much shorter intervals, than in cases of rabies.

5. That delirium is a very rare symptom in tetanus,

and a frequent one in rabies, occurring 80 times in 120 cases.

6. That in tetanus the secretion of saliva is seldom increased.

7. That in tetanus the muscles of the lower jaw are frequently in a state of continued tension.

8. Opisthotonos or emprosthotonos often terminates the case.

9. As Fleming remarks, physiologically while tetanus is a disease of the true spinal system of nerves, rabies involves the brain also, as evinced by the disorder of intellectual function, and special sense, even early in the disease.

Œsophagitis may, according to the same writer, present some difficulties. He gives the following differential table from Holland to point out the essential points of difference:

In Œsophagitis.	*In Rabies.*
1. Pain in the pharynx, throat, or along the spine, occurs as the earliest and invariable symptom.	1. Pain in the pharynx, throat, and along the spine occurred in 42 out of 120 cases, or about once in every three cases, and not as the earliest symptom.
2. The attempt at swallowing solid food causes intense pain, and in aggravated cases swallowing of even fluids is accompanied by pain, or may be totally impossible.	2. The attempts to swallow fluids, though not generally accompanied by intense pain, causes dyspnœa, convulsions, &c., while solids can be in most cases taken with comparative facility.
3. Horror of fluids reported to have occurred in but one case.	3. Horror of fluid, the most prominent symptom in 119 out of 120 cases.
4. The amount of difficulty in swallowing is in direct proportion to the extent and intensity of the pathological appearances found in the œsophagus.	4. No direct relation exists between the pathological state of the œsophagus as shown after death, and the intensity of the dysphagia.
5. Saliva abundantly secreted, expectoration difficult, and the time of the occurrence of these phenomena is not fixed.	5. Saliva secreted in great quantity, often flowing spontaneously from the mouth, and these symptoms always occurring among the last phenomena.
6. Urgent thirst in perhaps all cases.	6. Thirst was urgent in about one third of the cases.
7. Average duration of the disease, seven days.	7. Average duration, seventy hours and forty-eight minutes, or nearly three days.
8. Generally terminating in recovery.	8. Invariably terminating fatally.
9. Death caused by œdema of the glottis, gangrene, or rupture of the œsophagus.	9. Death most probably resulting from asphyxia, coma, or collapse; no case on record in which it was caused by either œdema of the glottis, gangrene, or rupture of œsophagus.

Fleming assures us it is not possible to mistake rabies for any other malady, or to doubt its existence when present; for if, during the stage of incubation, doubts and fears may exist, all uncertainty comes to an end when the disease really appears. The muscular debility complained of in many cases, the restless sleep out of which the patient starts up, his continual fidgetiness, his suspicious breathing, his sadness, and thirst after pleasure, and then his love of solitude, must awaken terrible fears in the physician: especially if there be no moral causes or organic lesions to satisfactorily account for these symptoms. The intense thirst, and general muscular pains and rigors, which might at first be ascribed to some grave febrile affection, are followed by a symptom that is almost pathognomonic of rabies, namely—a sudden difficulty in swallowing liquids, water in particular. When there is complete inability to drink, and when this dysphagia is immediately succeeded by tremor, on the patient carrying some liquid to his lips, all illusion is dispelled, and it becomes clear that he is under the fatal influence of the virus of rabies.

TRAUMATIC TETANUS SUCCESSFULLY TREATED WITH CANNABIS INDICA AND STIMULANTS.

Dr. Snively (*Med. and Surg. Rep.*) records a case of tetanus in a child, æt. 9½ years, caused by a piece of wood driven into the sole of the foot. Three weeks after the occurrence, tetanus of the severest form set in. The treatment adopted was a free purgation, stimulants, and the exhibition of tincture of cannabis indica, in ten-drop doses, to the extent of two drachms an hour during the convulsions. The child recovered in a month.

FLOATING LIVER IN AN ADULT FEMALE.

Dr. Pepper (*Med. and Surg. Rep.*) gives the history of a patient, who, getting up on the fifth day after the birth of her third child, was soon seized with pain in the right lumbar region, shooting up to and across the epigastrium. The pain was of a burning and boring nature. There were painful sensations in the epigastrium. The skin was of a yellowish tinge. The catamenia were regular. The liver extended across the abdomen to the umbilicus from a vertical line drawn from the anterior superior spinous process of the ileum; it extended downwards to a horizontal line drawn from the same process, and upwards to within an inch-and-a-half of the lower border of the ribs. The transverse fissure of the liver could be felt about one inch to the right and below the umbilicus; the gall-bladder was easily felt; the liver did not seem to be enlarged. There was great tenderness upon pressure in the right iliac region below the liver. The entire organ could be mapped out in the abdominal cavity. There was resonance over the usual hepatic region. Dr. Pepper considered the case one of dislocation of the liver, due to rupture or relaxation of the suspensory ligaments.

A CASE OF ANOPHTHALMUS.

Dr. Dibred (*Med. and Surg. Rep.*) delivered a patient at term, of her fourth child. The orbital cavities were empty as if the eyes had been enucleated, otherwise the infant was well developed.

POST-MORTEM CÆSARIAN SECTION.

Dr. Veronden (*Med. Record*) performed Cæsarian section on a cadaver two hours after death, and extracted a living child at about the sixth month. The child lived for some hours.

SIMPLE METHOD FOR TESTING THE PURITY OF CHLOROFORM.

Dr. Lucke, of Strasbourg (*Med. and Surg. Rep.*), gives the following simple method of testing the purity of chloroform:—Immerse a piece of thin white blotting-paper in the chloroform, and let it dry in the air. When the chloroform has evaporated the paper will be odourless if the chloroform be pure. Any acid smell perceptible indicates the presence of butyric acid.

THE TREATMENT OF SLEEPLESSNESS CONNECTED WITH EXCITEMENT IN MALE LUNATICS.

Dr. Wittich (*Zeitschrift fur Psychiatrie*), adopts two methods of treatment in the above form of insomnia. In cases of hyperæmia of the brain, bromide of potassium in ʒiss. to ʒijss. doses is given; in cases of cerebral anæmia one or two quarts of beer are drunk by the patient before retiring to rest.

LACERATION OF THE FEMALE PERINEUM.

Dr. W. Goodell (*Boston Med. and Surg. Journ.*) recommends that in order to avoid this accident in instrumental labour, that in general, and always with primipara, the forceps should be taken off as soon as the perineum begins to bulge, the final delivery of the head being left to the expulsive efforts of the patient.

A SUCCESSFUL OPERATION FOR THE CURE OF AN ABNORMAL ANUS OF SIX YEARS' DURATION.

Dr. Hudson (*Pacific Med. and Surg. Journ.*) states that a lady, æt. 54, was troubled with a painful tumour in the right inguinal region. It was opened, and henceforward a fistulous opening or artificial anus was established. After six years of suffering, Dr. Hudson operated for a radical cure. He cut down and exposed the rent in the gut, and turned the edges of the bowel inward, so as to bring the serous surfaces in contact with each other, and secured them thus by means of silver sutures. On the ninth day after operation a small pocket of pus was detected, and the old track was discovered, but in a lesser degree. In five months, however, it had closed, and the patient was completely cured.

MAN'S AVERAGE HEIGHT.

The following, according to an exchange, is the result of the measurement of over half a million of men as regards height and nativity. The mean height of the American Indian is 67·934 inches; the American white man, 67·672; Scotch, 67·066; English, 66·575; Russian, 66·393; French, 66·277; Mexican, 66·110.

UNUSUAL CASE OF OVARIAN DISEASE.

Dr. Campbell (*Boston Med. and Surg. Journ.*) gives the details of a case in which the patient, a maiden lady, was tapped 174 times and 1,830 pounds of fluid were removed. Death took place five and a-half years from the first tapping. The post-mortem revealed a large multilocular cyst of the left ovary. The tumour weighed 30 pounds.

SPONTANEOUS FRACTURE AND ABSORPTION OF THE BONES IN LOCOMOTOR ATAXIA.

At the Boston Society for Medical Improvement Dr. S. L. Putnam showed several casts of bones taken from a case in Prof. Charcot's wards. Casts of the femur, radius, ulna, and scapula exhibited more or less wasting; both scapula and some of the long bones showed signs of old fractures with subsequent union. Dr. Putnam remarked that cases of supposed brutality to insane patients, where bones were supposed to have been broken, might be the result of the fragile condition of the osseous system due to some lesion of the nervous centres.

THE USE OF CERTAIN TRITURATIONS.

Dr. Piffard (*Med. Record*) calls attention to the efficacy imparted to drugs by trituration. As an example, he states that a grain of calomel well rubbed up in sugar and given in, say twenty divided doses, will often produce the specific effects of the drug when a single dose of 20 grains has failed.

CONDURANGO IN CANCER OF THE STOMACH.

Prof. Friedreich, of Heidelberg (*Lyon Médical*), published in the proceedings of the Medical Society of Anvers a case of cancer of the stomach successfully treated by condurango, and invited the profession to try the remedy. We give his formula, that experiments may be made with the drug:—Macerate for two hours 15 grammes of the bark in 360 grammes of water; boil until half the original quantity remains. Dose—two tablespoonfuls every day.

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TOPICS OF THE TIME.

HYDROPHOBIA.

The discussion of this subject in its various aspects has passed from the medical journals to the general newspapers, most of which have had something to say about the disease and its prevention. Sir Thomas Watson has contributed to the *Nineteenth Century* a useful and authoritative article, which has in its turn provoked many useless comments. It is not fair to twit the veteran physician with not having brought forward anything new. If he had wished to do so he would naturally have selected a different medium to make his announcement, *e.g.*, one of the learned societies, where his views could be subjected to competent criticism. He wrote to instruct the public on those points on which it is desirable that information should be distributed, and the charm of his literary style only secures him a larger number of readers. We do not propose to follow him through his account of what is well known to our readers, but will refer only to one or two points of special interest. Foremost of these is the last, that of treatment, which Sir Thomas regards as useless. He thinks there are no authentic cases of recovery recorded, and says "it would be idle to discuss any curative measures after the peculiar symptoms of the disease have once set in." We agree with those of his medical critics who would dispute this dogma, and we regret that it should be uttered to the public by one whose authority is so great, and who has always been ready to march with the progress of science. Two or three cases have lately been recorded of what was firmly believed to be hydrophobia, in which the use of curara was followed by recovery. One of these cases was seen by Prof. Austin Flint, the Watson of America, and even if it be possible to dispute their nature, it does not follow that medical science will never hold out better hope than in the past. A very important point is whether the disease may be communicated through the mucous membrane. The late Mr. Youatt believed that it could, and Sir Thomas Watson seems to think that there is sufficient evidence that this may occur to render it dangerous to suck an ordinary wound. At any rate, he says, he dare not recommend this, considering the possibility of such infection, and the additional danger that the lips may be abraded without the person knowing. He advises applying a bandage to restrain the circulation, and then a continuous stream of tepid or cold water to be poured from a height upon and into the wound for an hour or two until the arrival of medical aid, when Abernethy's method of excision is strongly recommended, namely, a wooden skewer, to be shaped into the form of the tooth, placed into the wound, and then the whole cell containing it removed by an elliptical incision. Sir Thomas has collected a number of interesting facts as to localities in which hydrophobia has not prevailed within living memory, and urges an attempt to stamp it out in England. Further, he seems to think it possible that the disease may be transmitted from the mother to her offspring through the milk, and relates that a mad dog bit eighteen out of a flock of sheep, who defended their lambs from the attack, and in about a month both sheep and lambs began to die, although the latter had never been wounded. In this case, however, the lambs might very likely have been infected through licking the wounds of their mothers. Still it may be said that Mr. Fleming has collected sufficient evidence to make it wiser to avoid drinking the milk of a rabid animal.

Of the deepest interest is the question of the period of incubation. Mr. George Fleming, the first English authority on all that relates to rabies and hydrophobia, has lately given expression in the *Veterinary Journal*, of which he is editor, to a view which must cause great uneasiness to many. He says that this period may, for anything we know, extend over not only months but years. If it be strange for a poison thus to be so long dormant in the system, he thinks that well authenticated instances are accumulating, and if it can thus lie dormant in a man, why not in a dog? and such a possibility would explain numerous outbreaks of rabies which could not be traced to their source. His argument is supported by a case lately related in *The Lancet* by Dr. J. D. Hume. The patient was bitten in Oct. 1872, and remained well until June 25th, 1877, when he complained of pain in the bitten finger and arm, and soon died of hydrophobia. It is urged that the origin of this attack cannot be disputed on the ground of long period of incubation, for though vaccine lymph developes constitutional changes in a fixed period, the same cannot be said of other animal poisons, *e.g.*, syphilis. In regard to this, we would refer to a hypothesis of Sir Thomas Watson's, first suggested by him forty years ago, and now re-stated, but in which he naïvely confesses he has since found the late Dr. Anthony Todd Thompson was "tiresome enough" to anticipate him. It is that "the virus implanted by the rabid animal may remain lodged in the bitten spot, shut up perhaps in a nodule of lymph, or detained somehow in temporary and precarious union with some of the animal tissues, without entering the blood itself, for a longer or shorter time; in some cases, perhaps, never." He relates a curious case:—A girl, aged 14 years, being attacked with influenza, complained of pain in each arm, at the spots where, when an infant, she had been vaccinated; and, in fact, in these places vaccine vesicles now became perfectly developed; an elder sister was re-vaccinated with lymph thus obtained, beautiful vesicles formed, and ran a natural course.

In reference to this a very pertinent objection has been mentioned by Professor Wortley Axe, in the *Medical Examiner* of December 27. This is, that when vaccination fails because the patient is temporarily insusceptible, it should take effect when the constitution changes. We know, however, that when vaccination fails two or three times in succession, it may some months afterwards succeed.

Sir William R. E. Smart, M.D., K.C.B., has given in *The Lancet*, the details of a very interesting case of a man who was bitten by a dog thought to have the distemper, but which he naturally concludes to have been rabid. He traced with great care the apparent source of the poison, and the dates were fixed by the log of the ship on which the occurrence took place. The period of incubation in the man was seventy-five days. The patient died without ever suspecting the nature of his disease. Several other persons were bitten but escaped. Precautions were in all cases taken by the ship's surgeons, not from a suspicion of the dog being rabid, but as a matter of ordinary routine duty. Perhaps to this they owe their immunity. This fact also shows that careful medical men may fail to recognise rabies in the dog.

The *Medical Press and Circular* has commenced a Special Report on the whole subject of hydrophobia, in which very large promises are made, and which, to say the least, is characterised by considerable industry. An attempt appears to be made to collect all the cases recorded in medical literature during a considerable period, and about 130 have already been briefly given, with the references to the original statements. Such a number of facts will naturally be useful. The conclusions to which the compiler may be led must be carefully sifted.

The question has been again started in recent discussions whether a certain train of symptoms, more or less resembling hydrophobia, may not be brought about by the constant dread of that disease in a person who has been bitten by a dog, whether rabid or not. We all know that in reference to many other diseases fear may bring about some of their symptoms. It is no uncommon thing for medical students to fancy themselves the victims of various diseases. It would not, therefore, be surprising to find that the uninitiated might suffer from the symptoms they had heard of as characterising hydrophobia, and many physicians are of opinion that a sort of spurious hydrophobia is not unfrequently thus produced. This, however, is very different from the contention which has been raised in some quarters that all cases may be traced to mental influences. We cannot admit that the long series of horrible cases that have been accumulated have not some connection with the bite of animals suffering from rabies. On the contrary, the evidence points to the generally accepted conclusion, that without rabies there would be no hydrophobia. As Mr. Fleming says, "Rabies and tetanus cannot be produced by mental disturbance, and the most powerful imagination would never enable a man to simulate the characteristic symptoms of either disease." It is right, however, to recognise that able observers have come to a contrary opinion. In the case of young children, in whom no such terrors exist, and in the case of others who have died without suspecting the nature of their diseases, there is abundant proof of the existence of hydrophobia, although we admit that the spurious malady may occur as the result of mental influences. Perhaps here, after all, is the most encouraging fact for our consideration. The terror of mad dogs is natural, and the destruction of homeless, uncared-for animals a proper precaution for the public safety; but it is not improbable that during the last few months many dogs reputed mad have been perfectly healthy, and perhaps not a few persons have suffered untold tortures of the mind on account of bites which can only produce temporary inconvenience. After all, the number of deaths bears but a small proportion to the number of dog-bites, the great majority of which must have been inflicted by healthy animals. By all means take every precaution wherever a doubt exists as to the condition of the animal, but it is not for scientific men to join in the sensational outcry which may inflict agonies worse than death on a fellow-creature.

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LACTIC FERMENTATION.

At the meeting of the Pathological Society of London on Dec. 18th, Dr. Murchison in the chair, Mr. Lister gave an account of his researches on Lactic Fermentation and its bearings on Pathology, in a paper which will probably be the starting point for much discussion, especially as nothing worthy of the name of debate followed. It is difficult in a brief article to do more than report the substance of the paper, and we shall therefore confine ourselves pretty closely to an account of these new researches on lactic fermentation.

On this subject Mr. Lister has made some original observations and experiments, now published for the first time. He began by describing his mode of experimenting arrangements, which he said depended upon the fact (now proved by experiment) that if we have in a perfectly pure glass any organic liquid, pure from organisms, cover the glass with a glass-cap and again with a glass-shade, so long as this arrangement is undisturbed no organisms will occur in the liquid. The air will gain access, but the glass-cap and shade will keep out the dust, and with it all organisms. The glasses are purified by exposure to a heat of 300° F., and in order that the air which enters them during cooling may be filtered of dust, they are heated in a cast-iron box. The door of this box is surrounded at its circumference with cotton-wool, and is screwed up by nuts so as to firmly press the edge against the cotton-wool. The glasses are heated in this and not removed until quite cool. The means of decanting were described and the apparatus exhibited.

In the case of a liquid like milk, where we cannot start with it pure, Mr. Lister purifies it by heat, and he says he has never found any organism which resisted a moist heat of 210° continued for half an hour. After introducing the milk, therefore, into a flask, he purifies it by immersing the flask in water, which is then raised to the boiling-point and kept there for half an hour. He says the most scrupulous care must be taken to prevent the liquid introduced from coming into contact with the upper parts in the interior of the flask, or they will not be acted on by the full heat of the water. The mode in which Mr. Lister filled his flasks in the first instance was as follows: Having provided himself with a rag dipped in carbolic lotion, he took a long funnel and purified the outside of it with carbolic acid lotion. He then passed the funnel down through the rag which he had previously wrapped round it, poured in the liquid, withdrew the funnel, taking care that no drops touched the sides of the flask, substituted a carbolised cotton-cap, and immersed the fluid in a saucepan. He found this method succeed with Pasteur's solution, turnip infusion, &c., but with milk it always failed. Mr. Lister says he believes the reason was that some air was introduced along with the milk. The reason why he was unsuccessful with the milk and not with the Pasteur's solution he believes to be this: that milk serves as a food for nearly all organisms. He only once met with a bacterium that would not live in milk, whereas, only a few bacteria will live at all in Pasteur's solution. On substituting a syphon for the funnel the difficulty was overcome. The syphon that he used consisted partly of two glass tubes, partly of india-rubber, with a stop-cock in the course of the india-rubber. This syphon is charged with water, the temperature of which should be higher than that of the air, so that there will be no dissolved air given off to form air-bubbles. Then suppose this to be the fluid it is wished to introduce into the flask. Pass one leg of the syphon into it, then turn the tap and permit a sufficient amount of fluid to flow out for all the existing water to escape from the syphon, and then proceed just as with the funnel. Carbolised rag is wrapped round the end of the syphon; and, just as the cotton-cap is removed from the pure flask, a carbolised rag is put on; the syphon is slipped down, the tap is turned, and the liquid is introduced without the introduction of the smallest bubble of air. When a sufficient quantity of the liquid has been so passed in, the tap is turned, and then the syphon is withdrawn, scrupulous care being taken that it does not touch the inside of the flask; then a carbolised cap is instantaneously substituted for the carbolised rag, and the charging is completed.

Mr. Lister says he selected the lactic fermentation as one particularly favourable for investigation—1st, because the lactic fermentation is a very remarkable change; 2nd, because the lactic ferment is a very rare ferment—that is, rare in the world at large, although common in dairies. The bacterium found in curdled milk has been termed by Mr. Lister the bacterium lactis. It is always found in souring milk, but the organisms developed in milk, as the result of mere exposure to the air, are not bacteria lactis. Mr. Lister received pure milk from the cow into a pure vessel, and from thence transferred some to each of twenty-four glasses. In spite of every care, organisms entered into all the glasses, but in no one of them did the lactic fermentation take place. On repeating the experiment more carefully no organisms at all were developed, "showing that unboiled milk, as coming from the healthy cow, really has no ferment in it capable of leading to lactic fermentation or any other fermentation, or to any organic development whatever." The same scarcity of the lactic ferment was found in water. By preparing a series of glasses of boiled milk and adding water to them a corresponding result was obtained. By taking water from the tap and introducing, by means of a gradduated syringe, 100th of a minim into each of ten glasses of boiled milk, the result was that fermentative changes and organisms were developed in some of the glasses, but not the lactic fermentation. What was also interesting was, that different fermentations took place in different glasses, and that some escaped altogether, thus proving that the fermentative agency in water is not dissolved but suspended; for if it were dissolved, the glasses would have been equally affected.

Mr. Lister here paused to make a confession respecting some observations published by him in the *Microscopical Journal* some years ago respecting what he then supposed to be bacteria lactis. He has since come to the conclusion that what he then described as bacteria lactis were not bacteria lactis at all, but merely other organisms which co-existed with it. It occurred to him that a possible mode of getting rid of these accidental concomitants was to dilute the milk with such a quantity of boiled water as to have about one bacterium to every drop with which he might inoculate the boiled milk. Then, as the bacterium lactis existed in much greater number than the others, the chances were that in every such drop he would only have the bacterium lactis. Having thus got his bacterium lactis pure and simple, he inoculated other liquids with it. In urine it grew very slowly, and was so scarce that if it had not been by itself he would not have noticed it. After a time it came to develope still more slowly in the urine, and developed an exceedingly puny progeny, though still capable of producing the lactic fermentation. He then inoculated Pasteur's solution by means of a rather complicated separation tube.

Mr. Lister inoculated ten glasses with one drop of milk each, from some milk to which boiled water had been added in such a proportion that each drop, on an average, should contain one bacterium. Five of the glasses were affected with the lactic fermentation. The other glasses remained fluid, and the only change that could be detected in the milk, by microscopical examination, was, that some of the milk globules had become angular through drying. In those which had undergone the latic fermentation there was a pure white curd, just as if the milk had been soured yesterday; whereas, with ordinary souring milk, although we got a white curd to start with, it is, as we know, soon followed by further alteration.

Mr. Lister said that although he had fully stated elsewhere the inference to be drawn from this experiment, its importance led him to mention it again. By former experiments he had proved that the fermentative agency in water was not dissolved but suspended. Now, assuming for the sake of argument that there might be chemical particles destitute of life capable of multiplying as rapidly as the bacterium, it would be inconceivable that these two sets of particles—viz., the bacterium and the true ferment—were mere accidental concomitants; that they should be present in the same numbers, and, if you admitted that they were present in the same numbers, it would be equally inconceivable that they should always go in pairs. Mr. Lister says he examined the glasses, and found that wherever one was affected with the lactic fermentation there also was the bacterium lactis; and every glass that was not affected with lactic fermentation showed no bacterium whatever. Therefore he considers it absolutely demonstrated that that special form of fermentation is due to that particular kind of bacterium. This method can be applied to other fermentations.

With regard to the cause of the odour of sour milk, why should there be such a thing? Lactic acid is non-volatile and odourless. The smell of ordinary sour milk seemed chiefly due to butyric acid, which is volatile; but what was it caused the odour in the apparently pure lactic fermentation? Mr. Lister said he had distilled some milk, which had been soured under the influence of the lactic ferment, and got a clear liquid, which had still more strongly the sour odour, but, to his surprise, was not acid in taste or reaction. He therefore supposes it may be some ether, and that this ether exists as a concomitant of lactic fermentation, in the same way as caramel and some other substances exist as concomitants of the alcoholic fermentation of sugar.

The bacterium lactis is very minute, and as they are motionless, it is only by their grouping, and the circumstances under which they are formed, that they are shown to be living. So minute is the bacterium lactis, that one may appear no larger than a granule in the torula of yeast. It was suggested that other living organisms might exist as much smaller than the bacterium lactis. They would be ultra-microscopic. Therefore we could not say no organisms exist in a given case, because we could not see them. The bearing of this on pathology is evident. It is, moreover, evident that we need not resort to the theory of germs to account for the appearance of organisms under certain circumstances; as observed by Mr. Lister, if there be any organism in existence that does not require germs, it is the bacterium.

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REPORT ON OTOLOGY.

Otitis intermittens..—This form was differentiated by Weber-Liel in 1871 (*Monat. f. Ohrenheit*), and he now repeats in the *Deuts. Zeit. f. Prah. Heith.* that he has had quite a number of cases distinctly due to malarial influences. Every acute otitis is *remittent* to some extent, being usually worse at night; but in the real malarial form, though there is inflammation, and may be perforation, when first seen, the fever is not present in the day time. During the intermission pressure on the tragus does not cause pain, at least early in the case. Very soon the mastoid process is implicated, when the intermissions will be less distinct. The treatment must be large doses of quinine, and some morphia. It may be necessary to perforate the mastoid process to evacuate the pus, although quinine will arrest the morbid process.

Intra-cranial sarcomatous tumour, in connection with the Auditory Nerve.—Mr. Field has recorded in the *Lancet* (Dec. 8) an example of this rare lesion. Only one case of tumour of this nerve is mentioned by Roosa among the causes of so-called nervous deafness. That was related by Duverney.

Abnormal Movements of the Membrana Tympani.—Side by side with the last case we notice a report of a case by Dr. H. Thomas, in which such movements were thought to be the cause of some cerebral symptoms. The patient complained of a sensation frequently coming on "as if something had suddenly dropped or flapped in the right ear." On Valsalva's experiment being performed the membrane was seen to bulge out in two sections; on inspiring, it fell back. The patient experienced then the sensations he complained of. It is common enough to see such movements, but it is only now and then that patients make any complaint of this kind.

In illustration of true nervous deafness, Mr. Geo. P. Field records, in *The Medical Press and Circular*, Dec. 19, 1877, the following cases of disease of the nervous apparatus, added to affections of the middle ear:—

CASE I.—G. C., æt. 5, was brought to the hospital, September 15th, 1876, suffering from complete deafness in both ears. His mother stated that eighteen months before he fell down stairs, alighting on his head, was picked up in an insensible condition, and remained so for nearly a week. He had been totally deaf ever since the accident.

Fortunately, he was still able to talk, having learned to speak tolerably well before the injury, otherwise he would have remained dumb, as well as deaf. He could not hear the tuning-fork pressed to his forehead, or even a pistol fired off close to his ear. His mother had an idea he could hear to some extent, as he appeared to recognise knocking sounds. The faculty, however, of distinguishing the concussion thus produced in all cases of total deafness, is due to the patients *feeling* the vibration without *hearing* them.

From *post-mortem* examinations, Toynbee found "atrophy of the auditory nerve thirteen times, in persons from sixty to ninety years of age. In others he found imperfect structure, and various diseases of both membranous and osseous semicircular canals. In some, black pigment deposited in the cochlea, also blood in the vestibule. In another, blood in the cochlea; in another, there were dark specks on the lamina spiralis in both ears, and this last individual had fallen on his head some years previously, and had subsequently suffered from deafness."

With regard to the treatment of this form of nerve deafness, if the case arises from recent injury to the head, or other cause offering strong evidence of effusion of blood having taken place, leeches, purgatives, and counter-irritants, may be resorted to, for it is within the bounds of possibility that absorption may be thus facilitated; but if the disease have become chronic, no treatment will be of use, the administration of quinine, for instance, doing more harm than good. Mr. Field has never seen any beneficial result, at any rate, as far as the hearing goes, from the use of electricity. Ice bags applied to the head in typhoid fever, he believes to be a frequent source of mischief to the labyrinth; therefore such applications should be used with great caution. Extreme cold of any kind, such as a continuous draught of cold air, is not uncommonly the starting point of this form of ear disease. It may originate in an attack of mumps, in which case one side only is usually implicated.

CASE II.—*Nervous Deafness after Typhoid Fever.*

E. H., a girl, æt. 10, was brought to the hospital totally deaf, the consequence of typhoid fever, and as this had occurred when she was two years old, there was accompanying dumbness.

At the time of the attack she had been able to hear and talk as well as any child of her age, but her knowledge of speech was too slight to be permanent. Her general health had completely broken down. Prescribed,

Potas. bromid. gr. iij. ;
Tinct. nucis. vom. ♏ij. t. d. ;
Aqua. ℥ss.

And cod-liver oil occasionally.

She took the above for some time, and a slight gradual improvement took place, both in hearing and power of speech.

This case is scarcely typical of nervous deafness, but it is mentioned as being very nearly allied, and it teaches us to be guarded against giving an unfavourable prognosis in cases that so closely simulate affection of the auditory nerve.

It is, of course, extremely common to find deafness more or less severe, occurring during the acute stage of fever, especially typhus, and this is *always* commensurate with the amount of nervous prostration induced by the fever, and the severity of the other nervous symptoms. Most commonly as convalescence approaches, this passes off, but occasionally it is prolonged for some time subsequent to renewal of health, and in some cases it is permanent. It thus closely resembles the more extensive injury to the nervous system, occasionally occurring and resulting in melancholia or mania, which in like manner may be either temporary or permanent. Loss of the other special senses is much more rare, so also is motor paralysis, but cases of these nervous lesions are also reported.

There are several—perhaps many—cases on record of almost complete recovery from what at first appeared to be incurable deafness after typhoid and other fevers.

Auditory nerve disease, supervening on disease of middle ear.—In these patients the power of hearing is very dull, but not altogether lost, and upon improving the condition of the conducting structures, amelioration of the symptoms will take place. Perfect hearing hardly ever is regained when the nerve has been thus involved, but by clearing and repairing the road to the inner ear, we enable our patient to make use of the little power of hearing left to him.

CASE III.—*Sub-acute inflammation of middle ear, of both sides. Complete closure of Eustachian tubes, with extension of the disease to the labyrinth, originating in severe cold.*

C. H., æt. 58, came to the hospital August, 1875, complaining of loss of hearing in both ears of several years duration. Deafness had been getting gradually worse since the cold, which was caught from sitting at an open window. She could not hear the tuning-fork vibrated close to outer ears. The tympanic membranes were dark-brown in colour, and sunken inwards. She could not converse in the slightest, except through an ear-trumpet.

No alteration took place in the condition of the auditory nerve, but the slight power it had left was enabled to be made use of.

CASE IV.—*Chronic catarrh, and slight deafness for many years. Subsequent sunstroke caused great increase of deafness, implicating the nerve apparatus.*

A gentleman who had been British Consul in the Holy Land, could feel the vibration, but not hear the tuning-fork when placed upon his head. Could not hear the watch in contact with either ear. He could hear a little in the right ear when he placed his hand behind the ear, or used a speaking-tube ; but on the left side he was totally deaf.

In this patient, by getting the mucous membrane of his throat into a healthy condition, and by using Politzer's bag twice a week, the Eustachian tubes were kept open, and his hearing improved considerably. He was thus enabled to hear the watch tick at a few inches from his right ear, a sound that he had not been able to hear for seven years.

CASE V.—*Deafness from sudden concussion.*

Mr. B., slightly deaf for many years, could hear watch two inches right side, four inches left. He stated that while standing near a big gun it was fired—unexpectedly to him—after which he was deaf. There was extreme concavity of both tympanic membranes—they had been blown forcibly inwards without rupture. Politzer's bag relieved him instantly ; and with subsequent treatment gradual improvement took place, notwithstanding the permanent injury to the labyrinth which he had sustained from the shock ; such accidents are not uncommon, the membrana tympani being seldom ruptured, unless there should happen to be obstruction in the Eustachian tube.

Artillery men and boiler makers, who are so frequently exposed to shocks of concussion, are liable to chronic inflammation of the external ear coming on gradually, but they seldom suffer any sudden injury, and perhaps this may be attributed to their hardly ever being taken by surprise when a gun is fired, or a blow is struck, for it is probable that by the action of the internal muscles of the ear, especially the stapedius, the parts are placed in a position favourable to the reception of such shocks. We all know how much less we feel the shock of a great noise if we know that it is going to take place.

Diseases of the many important structures which are in relation with the internal ear, may extend to the auditory nerve. Some cases of deafness may occur without any very definable cause, especially in women, in whom, sometimes, very slight shocks, caused by distressing news, will give rise to sudden deafness.

These cases are difficult of explanation. They are similar to those instances of sudden nervous shock, in which the hair turns white in the course of a few hours.

Pregnancy and suckling sometimes seem to take a part in causing deafness.

Bilious attacks, commencing with nausea, giddiness, &c., may cause sudden loss of hearing, and this is probably the result of the poisoned state of the blood, as it may be also in deafness, concurrent with gout, syphilis, fever, &c.

Hereditary syphilis is a common cause of nervous deafness. It makes its appearance generally between ten and sixteen years, and is more common in females than in males. It is generally associated with an inflammatory affection of the eyes.

In conclusion, true nervous deafness is generally to be diagnosed by the use of the tuning-fork ; but cases sometimes occur in which its indications are uncertain. No case should be considered irremediable until after due trial of remedies. Cases of partial deafness, superadded to disease of the middle ear, are to be relieved, but not cured. And the whole class of nervous deafness, it must be remembered, although an unfavourable one for remedial measures, is rare comparatively to other forms of loss of hearing.

DR. GUERDER, of Longwy, has contributed to the *Annales des Maladies de l'Oreille, du Larynx et des Organes connexes*, a Report on the Otology of the last Ten Years, which Mr. W. Douglas Hemming is translating for *The Medical Press and Circular.* We avail ourselves of his version for the following points not noticed at length in our reports :—

Foramen of Rivinus.—It might be thought that the question of the perforation or imperforation of the tympanic membrane had been long since settled. The existence of an opening at the end of the short process of the malleus was considered as a rarity, produced by an arrest of development, or as the result of the drying of the anatomical preparation (Troeltsch). Boschalek reopened the subject, and maintained that the existence of the foramen of Rivinus was a constant and normal fact. Von Patruban in 1868, at the meeting of Physicians in Vienna, made a communication, based on a study of 300 tympanic membranes, healthy or diseased, in which he had constantly found the opening. Above the small process there always exist one or two little channels in the membrane which place the auditory meatus in communication with the tympanum. He caused a small stream of mercury to pass through the hole, and it now appeared in the tympanum, and was shown to the assembly. Gruber admitted the frequency of this opening, principally in pathological specimens, and thought that disease would have great influence on its extent. The production of an opening at this spot is the more easy, because the radiating fibres are wanting at the end of the short process, and if the existence of the foramen is not constant, as believed by Von Patruban and Politzer, (a) it must be considered as very frequently present.

Blood vessels of the Membrana Tympani.—Moritz Popper, (b) by dint of great precautions, has succeeded perfectly in making injections of the ear, and has given us an exact description of the tympanic vessels. In his preparations, the veins and arteries are seen as regular striæ arranged in certain directions, which extend from the line of insertion of the malleus handle towards the periphery, where, getting smaller and smaller, they form, at a certain distance from the circumference, a very fine network. At the point of insertion of the extremity of the malleus handle in the tympanum a square space is found with the angles rounded off, which is occupied by a plexus of larger vessels. This plexus is formed by the ramifications of the arterial branch which descends along the handle of the malleus. Outside of this branch two other smaller branches, coming from the upper surface of the auditory meatus, take part in the formation of this plexus. These vessels are the principal sources of nutrition of the tympanum, but besides them the membrane receives other arterial twigs all coming from the auditory meatus. These vessels are situated at the periphery of the membrane in the form of short roots, the larger extremities of which are turned towards the periphery, and the smaller meeting with those coming from the centre of the membrane form a capillary network taking the form of a crown.

When the external surface of an injected membrane is examined under the microscope, there may be seen below the vessels above described, another network so fine that the thickness of the coats does not allow of its being well distinguished. With patience, after maceration, the mucous coat may be isolated with its vessels. This vascular network of the mucous membrane, contrary to what Gerlach says, presents a character exclusively capillary; there is nothing to indicate whether the vessels are arterial or venous.

After macerating the injected membranes in a concentrated solution of gum, Popper was able to study the connection of the two vascular plexuses by means of transverse sections. The examination of these sections under the microscope gave him the following results: in the external layer the vascular network is situated in the sub-epidermic cellular tissue. It is at the point of the malleus handle that it is thickest. In this situation the closest vessels make long loops which penetrate to the external layer of epidermis: the spaces surrounding these loops are filled with rounded epithelial cells. The loops are formed in a space the shape of a V, the point of which corresponds to the point of the malleus handle, and the base to the superior wall of the external auditory meatus.

The vessels of the mucous layer constitute a network with larger meshes, which at the periphery communicate with vessels of the external layer. Topper has often found on the internal layer of the membrane capillary excrescences in the form of hemispheres or elongated ovals, but never in the form of a finger, as Gerlach has described them under the name of villosities.

Lymphatics.—According to Kessel () the lymphatics of the membrana tympani form a cutaneous layer which is constituted by a fine network found under the network of Malpighi. They often interlace with the blood capillaries, and unite ultimately with branches which are directed backwards and towards the periphery. In the mucous layer also, a network is found with variable sized swellings. These are directed also towards the periphery or pass across the tunica propria, under the form of large sinuses, whence start capillaries which go to communicate with those of the cutaneous layer. Naselopp (a) has described a lymphatic ganglion which exists at the junction of the superior border of the tympanic membrane with the tympanic cavity. To prepare it the mucous membrane and the periosteum of the superior wall of the cavity must be raised near the superior edge of the membrane, the mucous membrane must be stripped off the drumhead, as far as the external process of the malleus; section must be made and hardened in alcohol. By sections there may be found in the submucous cellular tissue a microscopic body, oval in form, traversed by a capillary, surrounded with cellular tissue, and from which prolongations extend to form a network enclosing a large number of lymphatic corpuscles.

Nerves of the Membrana Tympani.—Popper (b) following Cohnheim's method (chloride of gold), has been able to study the nerves on the membranes of dogs, from which he had removed the mucous and cutaneous layers. From both sides of the handle of the malleus, principally at its posterior border, start fifty or sixty beautiful parallel striæ, some of which, gradually becoming thinner and thinner, reach the external quadrant of the tympanal surface. From another side of the periphery start seventy or 100 similar striæ converging towards the centre of the membrane; these penetrate to the inner quadrant but never reach the central plexus which surrounds the handle of the malleus. These striæ consist of nervous twigs of from two to six fibres. They give off at different angles single and sometimes double fibres. These efferent fibres form a very beautiful plexus of large meshes, ultimately formed only of primitive fibres; these are dotted with nuclei like the trunks. All the trunks and nervous plexuses are found in the sub-epidermic layer. In the internal layer in some preparations were seen large coloured striæ, composed of pale nervous fibres with elongated nuclei. The distribution of these nerves without being as regular as in the external layer, follows, always more or less, the direction of the radii of the membrane. From the branches start small twigs, but no plexus exists composed only of primitive fibres. According to Kessel (c) the nerves of the mucous layer come partly from the tympanic plexus, but more from the cutaneous network, the branches of which traverse the tunica propria.

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ABOUT BOOKS.

Transactions of the New York Pathological Society. Vol. II. Edited by J. C. PETERS, M.D. New York: W. Wood and Co. 1877.

WE are glad to receive a second volume of this important work, and would urge on all our public medical libraries to subscribe for a series which must be of great value, and may perhaps become scarce. We observe that the committee of publication need further support, for in the preface they tell us the Society has done all it can for the present, though they hope to issue the third volume next year. Material exists, they tell us, still more valuable than that already published, and it is most desirable that it should not remain inaccessible. The members of the Society are not numerous, and it is right their effort should be supplemented from without. This can best be done by medical societies and others purchasing the volumes for their libraries. A glance over the contents will prove that they are really works of reference of no small value.

The volume before us is based on the proceedings of the year 1875, and largely supplemented from the records of the Society from 1844 to the present date. The plan has been described in our review of vol. i. It enables a number of similar cases to be well grouped. Thus we get a bird's-eye view of 208 cases of diseases of the intestines, all of interest, and some of unusual value. There are 10 cases of rupture of the ileum; 33 of perforation of the appendix vermiformis; 11 of ileo-cæcal abscess; 35 of intussusception; 16 of strictures of intestines; 18 of constrictions and incarcerations from bands, adhesions, &c. The several points in these and other instances seem to be carefully brought out, and for purposes of study and comparison these volumes will often be resorted to. There is a table of 21 cases of operation for intussusception, and another of 258 cases of intestinal obstruction.

(a) Monats. fur Ohren, 1869. No. 5.
(b) *Wiener Med. Wochenschrift.* 1870.
(c) *Med. Centralblatt.* 1869.

(a) *Centralblatt fur Med. Wissenschaft.* 1869.
(b) *Loc cit.*
(c) *Med. Centralblatt.* 1869.

Passing over much intermediate matter, we come to the subject of portal phlebitis. This is certainly not common, but many cases have now been recorded, and in this volume twelve are related and analysed. In 1845 one of these was brought before the Society. Again in 1851 it was brought prominently forward by the death from this cause of a distinguished surgeon, Dr. J. Kearney Rogers. His case is one of the twelve related, and here we have happily a fuller account of its history than our pathological records often furnish. The disease seems often to arise from ulceration in the field of origin of the portal system, and it has been traced to abscesses in the rectal submucous tissue, implicating the hæmorrhoidal veins and extending up the inferior mesenteric vein to the portal. On the other hand, the disease may originate in the bowels, spleen, or gall-bladder. Ulcerative endocarditis may also give rise to particles in the hepatic arteries, and the disease may pass to the portal and to the hepatic vein. Adhesive inflammation of branches of the portal vein need not prove fatal like suppurative, but the changes it leaves are striking. The surface of the liver, on autopsy, will be found years afterwards marked by *deep linear* fissures *corresponding* to the *obliterated* branches of the vein, and probably caused by atrophy of these parts of the organ, supplied by the obliterated branches. Rokitansky says this is often seen, and may give rise to ascites.

There is a very careful report on the *diagnostic* signs of portal phlebitis, prepared by Drs. Peters and W. C. Roberts. This we refer to with peculiar pleasure, as too often such information is thought out of place in such a book. The reporters endorse Schœnlein's view that the fever is *typhoid—only* in the *suppurative* form. In this too, the *chills* are very constant, and resemble an irregular or *erratic intermittent*. Metastatic abscesses often occur, but not invariably, nor do they when present always depend on transported pus. The fever in the adhesive form is inflammatory, not typhoid. Profuse and peculiarly viscid sweats are also said to be among "the distinctive evidences of suppurative phlebitis" (p. 266). Besides this report we have two earlier ones by Dr. Peters on the same subject, one of which gives the details of Schœnlein's case, the first in which the disease was recognised during life, together with numerous references.

We have not space to enter more fully on this interesting subject, still less to open others suggested by this volume. We have said enough to show that the New York Pathological Society is doing good work by issuing these volumes, and to let our readers know where they may turn for a great deal of well-classified information which waits to be still further utilised by future labourers.

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The Vest-Pocket Gray; or, Anatomist's Vade Mecum. Compiled specially for Students. By C. H. LEONARD, M.A., M.D. Sixth thousand. London: Baillière, Tindall, and Cox, 20 King William Street, Strand.

WE are glad to welcome another edition of this capital little volume. For refreshing the memory after a course of anatomy, the "Vest-pocket Gray" will be found invaluable. The author has compiled a complete abstract of his subject. First, the muscles of the head and neck, with their arteries, veins, and nerves are given, and then the rest of the body is similarly treated.

The last few pages of the work are devoted to the consideration of osteology, and to a description of the adult and fœtal circulation.

We can heartily recommend Dr. Leonard's little volume, feeling confident that it will be found of much assistance to the student; if any fault can be found, it must be in the smallness of the type, and the appearance of cramping thus produced, but this may be attributable to the large amount of matter condensed into so small a number of pages.

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Lectures on Clinical Medicine, delivered in the Royal and Western Infirmaries of Glasgow. By Dr. MCCALL ANDERSON, Professor of Clinical Medicine in the University of Glasgow. With Illustrations. London: Macmillan and Co. 1877.

MOST, if not all, the lectures in this volume have previously appeared in the journals, and some of them have been commented upon by us or the views they express at least recorded in our Chronicle. We shall not, therefore, be expected to review it at great length, nor indeed, would it be easy to do so, considering the number of subjects discussed. The lectures, seventeen in number, are strictly clinical, and express views of the cases considered which might in some instances have been predicted, for Dr. McCall Anderson is no unknown quantity among our clinical teachers. The subject most exhaustively treated is aneurism of the arch of the aorta, two lectures being devoted to treatment by galvano-puncture, and a very handsome coloured plate being added, showing the concentric layers of the clot which had been produced. To these lectures we can recommend anyone to refer who contemplates resorting to this method of treatment. Following them is an interesting lecture on aneurism of the abdominal aorta. To the author's views on galloping consumption, we have so recently drawn attention that, encouraging as they are, we must pass them by. In consequence of the author's position in reference to the question as to whether the vegetable parasitic skin diseases are due to a single or to several parasites, we naturally turn to his lecture on this subject, to see whether his views have been much modified since the appearance of his book on the subject. Hebra, Fox, Lowe, and Jabez Hogg hold that there is only one parasite productive of *all* the vegetable parasitic skin diseases. Dr. McCall Anderson thinks that the Tricophyton, the Achorion, Schönnleinea, and the Microsporon Furfur are not identical, but distinct fungus growths, and the closing lecture of this book gives his arguments in favour of that view. There is another lecture on skin diseases, in which a case of Elephantiasis Arabum treated by ligature of the external iliac artery is related, and a lithographic plate illustrates this. The lecture on embolism was doubtless instructive to the pupils, but it seems scarcely worth while to republish so meagre a sketch of the symptoms and *post-mortem* appearances illustrating the usual run of cases, unless, indeed, something like a complete picture of the phenomena of embolism were presented. Our author has not done this, and though this may not appear a fault to students with the cases before them, we cannot help thinking that such a sketchy performance will be as unsatisfactory to his readers as it is unworthy of his reputation. We would except the case of embolism resulting from hydatid disease of the heart, related in the words of Dr. Richard Williams, and which for its rarity is worth recording. The next least satisfactory part, in our opinion, is the lecture on spinal irritation, from which we gather that the author is rather behind date, for he fancies that "almost all that we know of it" is through Thos. Brown, Teale, and Griffin, whose works are dated respectively in his foot note 1828, 1829, and 1834. There are a number of other interesting cases commented upon in a style which makes the work pleasant reading.

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Hospitals: their History, Organisation, and Construction. Boylston Prize Essay of Harvard University, for 1876. By W. GILL WYLIE, M.D. New York: D. Appleton and Co. 1877.

THE author of this Prize Essay seems to have enjoyed and made use of considerable facilities for thoroughly studying his subject. He has visited Europe in order to see for himself what is so necessary for a due appreciation; and his book is, therefore, the outcome of several years of work. He opens with a well-written sketch of the history of hospitals, showing that these institutions did not originate with Christianity, as so many of the public imagine, but that something of the kind existed among the Buddhists ages before our era. And yet some of our most careful books make no mention of this. The edicts of Asoka, 220 B.C., cut on the rocks, may be seen to this day; and in Wise's "Review of the History of Medicine" there is a translation from the "Mahawaso," to the effect that Buddha, Upatiso, and Dhatusend had built asylums, or hospitals for cripples and the sick. There are other interesting antiquities illustrating the fact, and classical literature indicates that the temples of Æsculapius, Cos, and Tricca were filled with patients. Still, no doubt, early in history, as we have proof that the necessities of the sick and poor were in some parts attended to, it is only Christianity that has raised hospitals to their proper sphere. They were found, as we have said, among Buddhists, to whom life of all kind was sacred. The Parsee civilisation seems also to have compelled their establishment. But in Greece and Rome, both intellectually in advance of the others, people did not think much of even human life, and hospitals flourished with them only in the temples devoted to medicine, and such institutions as existed at Delos, and on the Isle of Tibur. Brotherly love came in with Christianity, and to that is due the true development of hospitals, as we understand them. We need not follow Dr. Wylie through his history, which he traces through the centuries to our time, but pass to the next chapter, in which we find a *resumé* of the uses of hospitals and the objections to them. Our readers will be glad to learn that he fully recognises the evils that may result, and, therefore, that should be guarded against, as well as the abuses that are too apt to creep in. To accomplish this it is necessary they should be constructed, organised, and managed in accordance with the dictates of social and sanitary science. How this is to be accomplished he shows in succeeding chapters.

In speaking of management we have the question of hospital appointments and the duties of the staff considered. We are not prepared, perhaps, to endorse all the author's views as applicable in this country; but we are certain that if they were carried out in their integrity they would be a great improvement on what exists among us, and would save much scandal, and yet the relations of the staff to the managers would be simplified. The scientific interest is not forgotten in the economic or the humanitarian, but it is held that each should be duly considered. Each should help the other, and there is full scope for each, just as there is for the softening influence of woman, who, in her own sphere, renders hospital work more humane, as well as more efficient.

The medical board should consider all medical questions, and their reports or recommendations should be brought before the managers in due form. It is advised that one of the staff should present them jointly with the superintendent or other chief executive officer, who should for this purpose attend both boards when desirable. It will be seen that this officer ought always to be a layman, but he should be well informed on sanitary science and hospital management. If these and other provisions made were carried out the staff would not be ignored on any medical or sanitary question, nor would they, in matters of construction, be sacrificed to the Moloch of architectural display.

Our author having considered the most important hospitals in America and Europe, believes the best buildings to be the pavilions of one ward each, 30 by 100 feet and only one storey. The objections to this form are duly considered, and his answers deserve attention from all concerned in building hospitals. Plans are given of such a hospital as he would recommend. Whether the *wards* should themselves be temporary or permanent is a question that will suggest itself. Our author solves this practically by a compromise. While some pavilions might be permanent, those for infectious and contagious diseases should be frequently removed, and some others might be a medium between these and the permanent ones.

Open fire-places are strongly recommended, and the whole question of cramming and ventilation thoroughly considered. Special isolated huts for ovariotomy and other cases are advised, and a diagram and description given (p. 141).

Administration, sewage and drainage, the medical school, small hospitals, out-of-town hospitals, lying-in hospitals, convalescent institutions, and asylums for the insane, are all considered, after which we have a chapter on the hospitals now in use in Europe and America, with plans of the most important.

Altogether it will be seen that Dr. Wylie's essay is comprehensive. We have read it with pleasure; his views seem to us mostly judicious, and we should recommend all managers of hospitals to weigh them carefully.

LITERARY NOTES.

Almost Ruined, with a Supplement, The Lads of Our Cities, is a small tract intended to warn our youth against the danger of self-abuse. The author thinks that doctors may do good by not ignoring this vice so much as they do. The only danger of such a tract, is that it might fall into the hands of the innocent. To the victims the advice offered to help them to "Cease to *do* evil," is as follows:—1. Pray for strength to conquer it. 2. Be careful what you eat. 3. Take moderate exercise every day. 4. Take sufficient rest, but be not *too* fond of the bed. 5. Be careful what you read. Read good, moral-toned books, such as will improve you, and help you onward; for remember, it is not for long we are here, this is but a temporary abode; therefore, help yourselves onward, and improve yourselves as much as possible. 6. Wash thoroughly every day—have a bath, it convenient. Many amusements are healthful, but rules cannot be laid down; you must endeavour to choose good ones for yourselves. One thing I would *especially* mention: Avoid immoral and loose society as much as possible. Some are thrown among such in their work (and even in their homes), that they cannot help. Do not withdraw yourselves from all society, for that is *the worst thing you can do*, but be careful what kind it is; and, if possible, choose the good. Should you *really* need medical advice, *Beware of Quacks!* and seek it of a doctor of good reputation."

MEDICAL BIBLIO-BIOGRAPHY.—The *Gazette Médicale de Paris* announces that Dr. Dureau, assistant librarian to the Académie de Médicine, who for the last twenty years has been collecting materials, will shortly publish a bibliographical index of the works on medicine printed in Europe from A.D. 1450 to 1550. He would be grateful to those of his medical brethren who may possess rare works or scarce editions of this period, if they would be good enough to mention them to him. He will willingly give them all the information which he may already possess respecting such works. The second part of the index will comprise the rare works from 1551 to 1600, and so on.

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AT THE SOCIETIES.

AT THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—NOV. 11TH.

PATHOLOGY OF TETANUS AND HYDROPHOBIA.

Dr. JOSEPH COATS, of Glasgow, read a paper on the pathology of these diseases.

In tetanus, said Dr. COATS, there was hyperæmia of the central nervous system. In the cord and medulla oblongata, pons, corpora quadrigemina, and corpus striatum, but chiefly in the first, there is a granular material around the vessels. In the medulla oblongata it is noted that a longitudinal vessel in the posterior parts is particularly affected, and that here, as well as in other parts, there are occasional hæmorrhages. In the convolutions there is an exudation of a yellow fluid outside the smallest vessels, the medium-sized ones having mostly escaped. In hydrophobia there is, in the central nervous system, an aggregation of leucocytes around the blood vessels. In the cord, medulla oblongata, pons, and corpora quadrigemina, it is the medium-sized vessels which are so affected; in the convolutions it is those of small or capillary size. The salivary glands are infiltrated with leucocytes, which have special relations with the blood vessels. The mucous glands of the larynx are similarly affected, though much less intensely. The kidneys are hyperæmic, with aggregation of white blood corpuscles within them. The pathology of these two diseases was then discussed, and it was pointed out that there is a great similarity in the distribution of the lesions in the central nervous system, as well as a certain analogy in the kind of lesion. The special distribution of the lesion is compared to the localisation of the tubercles in tubercular meningitis, and is ascribed to physiological and anatomical peculiarities of the circulation. Attention was also drawn to the fact that in hydrophobia the lesions are not confined to the central nervous system. The special localisation of the symptoms in both diseases—in the tongue, throat, and neck—is associated with the special prevalence of the lesions in the medulla oblongata. It was concluded that in tetanus and hydrophobia we seem to have two different poisons, each of which, circulating in the blood, attacks the central nervous system. These agents irritate the nervous system; but as they are different in nature, so the kind of irritation they produce is different. There is, however, a remarkable similarity in the localities indicated by them, and these seem to be specially the spinal cord, medulla oblongata, and corpora quadrigemina, and, to a lesser degree, the cerebral convolutions. The irritation seems to centre in the medulla oblongata, and in a particular region of it, this localisation being probably determined by the anatomical and physiological relations of the nutrient vessels. The high temperature met with in hydrophobia, and sometimes in tetanus, is regarded as not inconsistent with these views.——Dr. ALTHAUS acknowledged the value of the paper and the microscopical preparations accompanying it. Although the symptoms of tetanus pointed to lesions in the medulla oblongata, Dr. Lockhart Clarke had failed to detect them. He asked whether the cervical sympathetic ganglia had been examined in hydrophobia, for in that disease many of the symptoms resembled the phenomena produced by sections of the sympathetic. He doubted whether the lesions above-mentioned were characteristic of the disease, as similar changes were met with in certain inflammatory affections, as in acute ascending spinal paralysis; nor was it proved that tetanus depends on a special poison, as was evidently the case with hydrophobia, which had been, in numerous instances, transmitted from one individual to another by inoculation. The difference between the two diseases was enormous, and the clonic intermittent convulsions of one contrasted with the persistent tonic spasms of the other.—Dr. DICKINSON remarked that the morbid appearance which had been found had been observed by him in many other nervous disorders, so that he doubted whether the microscope alone would discriminate the two diseases. Dr. J. A. Wilson, many years ago, advocated the blood-origin of traumatic tetanus, and that a blood-poison was the source of traumatic tetanus seemed almost as certain, since it was invariably accompanied by an open wound, and was preceded by a period of incubation. Lastly, the anatomical changes described must be regarded as a step only in the series of pathological processes constituting either of these diseases.—Dr. GOWERS said the changes noticed in the parotid gland and kidney in hydrophobia were an important addition to our knowledge of these diseases. He compared the latter to the early affections in the kidney in scarlet fever described by Dr. Klein. Another important point was the identity in the nervous lesions in the dog and man. The observations detailed favoured the view that there are lesions perfectly distinctive of hydrophobia from tetanus. In six cases of hydrophobia which he had examined himself, the changes in the nervous centres were so great and so similar as to appear to him quite characteristic. In five of the cases there was not only a massing of leucocytes about the blood vessels, but an infiltration of the tissues with them. In fact, in some places it seemed as if the process had only to advance a step further in order for the medulla to be riddled with foci of suppuration. The changes were far less extensive in the spinal cord. In cases of tetanus he had examined, he had found changes similar to that described by Dr. Coats, but the changes rather predominated in the cord than in the medulla. In interpreting the morbid appearances observed the effect of severe congestion should be taken into account. Such congestions due to the paroxysms interfering with respiration, would be more intense in tetanus than in hydrophobia, and might assist in producing the extravasations of blood and the accumulations of granular matter observed around the blood-vessels were the only spaces where granular matter could aggregate, this perivascular limitation of the granular material could hardly be taken as evidence that the cause of tetanus acted through the vessels. In fact, Dr. Gowers thought that the nervous lesions in the two diseases are in harmony with the current theories of their nature, viz., that in tetanus it was generally held that the symptoms were due to the effect produced by an irritated or inflamed nerve. In many cases an ascending inflammation has been traced in the nerve, and this was believed to excite the disease, although it was possible that some poison, analogous to the rheumatic poison, might predispose to or actually induce tetanus, as in the idiopathic or rheumatic form of it. Hydrophobia, on the other hand, is regarded as the result of a special poison which, circulating in the blood, passes from the vessels, irritates the nerve centres, and produces the profound vascular lesions met with. In tetanus the comparatively slighter vascular lesions were more in harmony with stimulation by a peripheral irritation than by a poison circulating in the blood.—Dr. T. C. TURNER remarked that aggregations of leucocytes, even to the extent of the "miliary abscess," might be produced in a very short time, even after death. In one case of sudden death, he found a large collection of leucocytes between and around the gastric glands; and he thought that such a change was due to congestion, sufficient to alter the wall of the vessel, and allow of the exudation of leucocytes. In a *post-mortem* examination of a case of hydrophobia, he found the exudation of leucocytes above described. The appearance was most marked in the grey matter of the cord, and he noticed that in the dorsal regions the white matter was softened.—Sir JOSEPH FAYRER was somewhat disappointed with the discussion, as he had hoped to have heard something about the diseases themselves, as to their phenomena, and what can be done to cure them.—Dr. BUZZARD, referring to Dr. Coats's observation, that special arteries of the nervous centres were most affected, said that this selective property of the hydrophobic poison was not more difficult to explain than the affinity of certain mineral poisons for particular tissues or organs. He was reminded of Virchow's doctrine of special affinities, and the question arises whether these may not be due to some chemical constitution of the affected regions by virtue of which these parts, more than others, attract from the blood substances for which they have an affinity. He thought, therefore, that there was not much more to be gained from microscopical examinations, and that the chemical analyst might now step in and try to explain facts beyond the power of the microscope to fathom.—Mr. CURLING remarked that the clinical history of these cases did not bear out the changes found, for these latter involved so much organic change in the nerve centres as would, it might be supposed, have produced paralysis. Referring to the long incubation that sometimes is obtained in hydrophobia, he said it was an interesting question as to what had become of the virus during all the time that elapsed from the infliction of the wound and the development of the symptoms. The view that tetanus is a blood disease was not borne out by treatment; for in tetanus, if the case be taken early, and the nerve proceeding from the wound divided, the disease may be arrested.—Mr. HOWSE agreed with Dr. Coats in thinking that tetanus was due to a poison. He remarked that injuries were most prone to tetanus where foul material, such as London mud, was deeply ground into the tissues, and this was strong evidence as to tetanus being due to a local poison.—Dr. GREENFIELD said it was important to distinguish between facts of morbid anatomy and the pathology of a disease. He protested against our views of pathology being solely grounded upon what is seen with the eye, and he did not think that as yet the changes in the nervous centres in hydrophobia and tetanus—changes which, according to his own observations, were extremely variable—afforded any proof that they were any other than the results of irritation. Similar results had been observed in chorea and scarlet fever; and it was questionable how far some of them might not be the result of the same conditions, *e.g.*, high temperature, common to some cases of these affections, rather than essential to and characteristic of one disease in particular. Hence too much stress could not be laid upon their occurrence as explanatory of the true pathology of these diseases.—Dr. JOHN HARLEY said that in his experiments on the action of aconite upon the dog, he had been able to produce all the symptoms of hydrophobia, and had attributed them to extensive hyperæmia of the spinal cord.—The PRESIDENT (Dr. C. West) called the attention of the Society to a large field of observation yet unexplored, namely, the tetanus of new-born children, so prevalent in some lying-in hospitals in Paris; as their study might throw some light upon the nature and causation of the disease. He also strongly animadverted upon the growing tendency to ignore the results of clinical observation, and to look too narrowly into the changes observed in organs by the microscope after death. He could not forget that in Sydenham's day morbid anatomy was almost unknown, and yet the knowledge of disease was great, for it was derived from the careful study of the phenomena presented in the course of the disease, and he feared that the tendency nowadays was to lay too much stress upon what one appeared to see with the eye, and so to study the one as not to see the other and more important aspect. Nor did he find that these advances in the direction of *post-mortem* observation had done very much to put a stop to wild theories—theories as extravagant as those which prevailed a century or more ago. Then humoral pathology prevailed, and men talked of "fermentation of the blood," and the like; but now precisely the same class of explanations are started, with this exception, that in those days such explananations did not affect to be clothed in the garb of scientific knowledge.—Dr. COATS, in reply, said that he by no means asserted that the lesions described were the essence of either disease, but were only the evidence of irritation, probably a poison acting on the blood vessels. The two diseases were absolutely different, but both may be due to the action of some morbid poison. He objected to the term, "miliary abscess," applied by Dr. Gardner to large collections of leucocytes, as an abscess implies pus, and pus is a fluid. He said that there was no distinction of nervous tissue, and therefore he would not expect to have any paralytic symptoms. As to the incubation of hydrophobia, it was not more wonderful than what occurred in acute miliary tuberculosis from the infection of a caseous focus, which may have persisted for an indefinite period.

NOVEMBER 27TH, 1877,

DR. C. WEST, President, in the chair.

BRANCHIAL FISTULÆ IN THE EXTERNAL EAR.

SIR JAMES PAGET read a paper on "Cases of Branchial Fistulæ in the External Ears." The occurrence of these fistulæ in the neck was first described by Dzondi, in 1829, who believed them to communicate with the trachea. It is probable that the three or four cases on record of congenital tracheal fistula in the middle ring of the neck were due to abscesses opening into the trachea, or to defective closing of the bronchial arches in the median line, analogous to ectopia cordis, vesica, &c. The occurrence of cervical fistulæ opening into the pharynx has been attributed by Heuzinger and others to the incomplete closure of bronchial clefts, and Sir James Paget has himself seen three such instances. These fistulæ present two or three minute orifices on one or both sides of the lower part of the neck, and lead upward to the œsophagus and pharynx. They vary in length from one to one and a-half inches, and barely admit a probe. As a rule they are closed at their distal ends, rarely opening into the pharynx. They have a smooth lining membrane which secretes a clear mucous fluid. Rudiments of cartilage may be occasionally found in them, and may be homologous to cervical nibs. They undergo no change, but may be caused by the galvano-cautery. Of branchial fistulæ on the external ears there is no account in this country, and only six or seven cases are recorded by Heuzinger. The cases now under consideration occurred in the family of a gentleman who has himself a branchial fistula in the neck. His father, a sister, and four of his children had similar malformations. Moreover, the father, sister, and five of his children each presents fistulæ in the helix of one or both ears. These *aural* fistulæ are minute, their orifices small, their canal half-inch in length, producing no secretion, and causing no inconvenience. They are probably due to the incomplete closure of the upper or post-oral fissure, that part of it which does not enter into the formation of the Eustachian tube, tympanum, and external meatus. There is now sufficient evidence of malformations due to incomplete closure of even one of the bronchial fissures, the aural fistulæ being due to defective closure of the first fissure between the mandibular and hyoid arches, the upper cervical fistula to the cleft between the thyroid and hyoid—the lower to the cleft behind the thyro-hyoid arch and the fourth to the last cleft above the thorax. In reference to the association between these cases and those of "supernumary ears," the author showed that they are found only over the lines of former branchial fissures, and may be regarded as cutaneous opercular growths homologous with the natural auricles which guard the first cleft. Mr. Birkett, in the "Pathological Transactions," and Mr. Holmes, in his work "On Surgical Diseases of Children," have given instances of these malformations. Dr. Allen Thomson long ago pointed out that malformations of the external ears were frequently associated with malformations in or near the first or mandibular arch, such as hare-lip, and cleft palate, many of those patients, too, have become deaf, as is well illustrated by the case on which the paper was founded. —The President, Dr. C. West, thanked Sir James Paget for his paper, which dealt with most important and recondite questions of development.—Mr. Alban Doran insisted on the difference between the common occurrence of ectopia in the middle line of the body due to non-union of the visceral arches, and the instances related by Sir James Paget, which have a morphological as well as a pathological significance. In the mammal they occur very early in embryonic life, when the cartilaginous segments are undifferentiated, and not divided into the different bones. The small bones of the ear are developed near the root of the post-oral arches, and hence, in connection with them, arise such deap-seated deformities, which persist through life, but which do not lead to such grave effects as the latter arising from ectopiæ.—Mr. Callender was struck by the suggestion that probably ranulæ were examples of similar defects to the bronchial fistulæ, as the same idea had occurred to himself. A partial non-closure of the cleft between the mandibular arch and the lingual arch, might conceivably result in the persistence of a cyst or sinus in the usual situation of ranulæ. With regard to the homology of the portions of cartilage met with in the tracks of these fistulæ, he was inclined to view them as homologous to outgrowths from the basal structure of the skull, rather than as representing cervical rib structures.—Mr. Francis Mason then cited a case in which there was a fistula at the sterno-clavicular articulation, which extended almost to the pharynx.—Dr. Allen Thomson said that the subject had engaged his attention a long time ago, and the drawings he exhibited were illustrations of malformation of the auricles, one of which was the seat of a fistulous opening. In these cases there was also complete occlusion of the external meatus. In two of them there was deformity of the lower jaw, cleft palate, a tendency to hare-lip, and separation of the incisor bones. In two there was deafness almost amounting to muteness. In another case, in which the hearing was fairly good, but in which the meatus was also completely closed, the patient seemed to perceive sound most acutely by the top of the head, which he used to present to the person addressing him. This Dr. Thomson attributed to the impression being conveyed through the angle of the skull to both ears. In all the cases the meatus must have been closed completely by bone, and a section of the temporal bone was shown in which the canal was thus occluded. In all such cases the tympani bone, and all behind the fissure of Glaser is absent, showing the futility of surgical treatment. With regard to the depressions on the auricles being rudiments of the first branchial cleft, *i.e.*, of the cleft which would have formed the external meatus, he thought this would explain th occurrence of one such depression, but not more than one. He could understand the presence of different fistulæ, as persistent branchial clefts, but could not conceive there being more than one such cleft represented in the pinna, unless the multiple aural fistulæ represented a divided condition of the first passage.—Mr. Rivington related the particulars of an interesting case of the same nature as those described by Sir James Paget, and in which there was a minute aperture in the helix admitting a probe for half-an-inch, and secreting a fluid like that of the external meatus. It was bilateral, and was inherited on the maternal side, many members of the family having it.—In replying, Sir James Paget said, that no doubt cases of this kind were not so rare as is generally supposed, that many others would be observed, and in time would lead to the explanation of the occurrence of diseases in parts already damaged in texture. He thought that the formation of these fistulæ in the external ears was from that part of the first cleft not being utilised in the formation of the exernal meatus and Eustachian tube, and the closure of the cleft might be imperfect at more than one spot. Mr. Rivington's case bore out this view. The explanation of the relics of the cartilage which he had given was made by Heuzinger, but, as Mr. Callender had suggested, they might be the rudiments of the cartilage found in all the branchial arches. It was a remarkable fact that out of the sixty cases of cervical fistula on record more than fifty had been observed in Germany, and not more than five or six in England, and two or three in France. He would venture to hope that having called the attention of pathologists to this condition it might result in the collection of a large number of cases out of which something more complete might be arrived at than this paper attempted.

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AT THE MEDICAL SOCIETY OF LONDON.

December 3rd, 1877.

Dr. George Buchanan, President.

Dr. Woakes read a paper on

THE CONNECTION BETWEEN STOMACHIC AND LABYRINTHINE VERTIGO,

in which he drew attention to a form of vertigo different somewhat from that known as Menière's disease. In this form the attack is sudden, without loss of consciousness, but also without any notable disturbance of the auditory organs. Dr. Woakes then referred to the vascular supply on the internal ear, this being from the vertebral artery, and the connection of the cervical sympathetic with the ear was fully detailed, as showing how comparatively slight aural derangements might lead to profound symptoms. Similarly it was conceivable that irritation of the stomach might react through the vagus nerve and the sympathetic upon the labyrinth. He considers there to be a perfect analogy between the shock propagated from a contused brachial nerve with its concomitant vertigo and the lesser shock caused to the nerves of the stomach by unmasticated food, and propagated thence to the same vessel, and attended with the same symptoms—viz., giddiness. Dr. Woakes referred to the connection between the sympathetic and vagus nerves as explanatory of many of the symptoms of indigestion—*e.g.*, shoulder-tip pain. This might be due to distension of the supra-scapular nerve from the inhibitory dilatation of its minute vessels. His argument as to the *modus operandi* of "vertigo e leso stomacho" may be given in his own words :—"The ingestion of the irritant gives rise to an impression which is conveyed along the afferent channels forming a communication between the pneumogastric nerve and the inferior cervical ganglion, whence it is reflected to the vertebral artery in the shape of a wave of diminished inhibition. This is equivalent to an increased flow of blood to the labyrinth, with corresponding pressure on the endolymph." Thus is produced giddiness when the semicircular canals are alone involved; if the cochlea be also congested there is tinnitus. Deafness may be due to inflammatory effusion. It is impossible, however, to give more than the barest outline of Dr. Woake's interesting paper.—Mr. Dalby observed that the subject of the relation existing between the auditory and pneumogastric nerves was full of interest, and cited numerous conditions in which this connection was exemplified, especially cases of deafness occurring with derangements of the vagus nerve, the external and mid-ear being healthy. It was questionable whether the labyrinth was always the seat of change. —Dr. Gowers made some remarks upon the relation between the stomach and the labyrinth by means of the vagus and cervical sympathetic, and considered the author's hypothesis a very ingenious one.—Dr. Jagielski said that the following drugs produced vertigo—namely, salicylate of soda, belladonna, cocculus indicus, and nitrate of silver, some of them producing also peculiar movements, some falling to the left and others to the right side or in circles.—Mr. Cumberbatch remarked that the author of the paper had taken for granted that the centre of equilibrium was placed in the semicircular canals, although the fact is very uncertain. Section of the crura cerebri and pons is followed by many of the same symptoms, and if there were constant congestion of the semicircular canals, why was not hearing impaired?—Dr. Brandon thought that many of the symptoms mentioned by the author might be due to spastic contraction of the tensor tympani.—Dr. Woakes, in reply, did not wish to enter into a discussion on the phyoiology of equilibration. Spasm of the tensor tympani produced tinnitus, but was always associated with some local irritation. In reply to a question by Dr. Rogers, he said that sneezing, &c., produced vertigo, probably by air being forcibly driven into the tympanum.

AT THE CLINICAL SOCIETY OF LONDON.

Friday, November 23rd, 1877.

George W. Callender, F.R.C.S., F.R.S., President, in the Chair.

THE BATTLE OF THE LIGATURES.

At this meeting the best material for surgical ligatures was discussed with great energy—being raised by two cases of aneurism. We give a report of the cases and the debate, as the subject is of great interest. In fact the "battle of the ligatures" is perhaps the most exciting surgical topic of the time.

POPLITEAL ANEURISM FOR WHICH THE FEMORAL ARTERY WAS TWICE LIGATURED.

Mr. Christopher Heath read notes of this case. The patient, a man aged 36, an engine-driver, applied at University College Hospital with pain in the right knee, and was found to have a small popliteal aneurism. He was admitted on July 2nd, when pressure by Carte's tourniquet, by Esmarch's band and rope, and by flexion of the knee was carefully kept up without relief. The femoral artery was tied above the sartorius on July 26th. A catgut ligature was used, and the operation was performed antiseptically. Pulsation returned in the aneurism in nineteen hours, and lasted fourteen days, and then ceased for eleven days, when it reappeared. Four days later (twenty-ninth day), pulsation was found in the whole length of the femoral artery. Pressure was again applied to the vessel; but the aneurism continued to increase, and, on September 19th, the femoral artery was tied with a hempen ligature below the sartorius. Pulsation returned in the sac the following day, but gradually grew weaker and ceased in seven days. The second operation was not antiseptic, and the ligature gave rise to a good deal of suppuration; but the patient made a good recovery, and left the hospital on October 20th.

A CASE OF POPLITEAL ANEURISM TREATED BY LIGATURE OF THE SUPERFICIAL FEMORAL ARTERY WITH CARBOLISED CATGUT, FOLLOWED BY THE FORMATION OF AN ANEURISM AT THE SEAT OF LIGATURE.

Mr. Thomas Smith related the case of a man, aged 42, who had been under his care at St. Bartholomew's Hospital with popliteal aneurism, which had existed two months before admission. The case was at first treated unsuccessfully by digital compression; subsequently, the superficial femoral artery was tied with carbolised catgut, Mr. Lister's antiseptic method being employed. The ligature controlled the circulation for forty-eight hours, at the end of which time pulsation was again felt in the aneurism, and the operation failed as regarded the cure of that disease. The wound healed rapidly, without suppuration or constitutional disturbance. The patient left the hospital, contrary to advice, sixteen days after the operation, with the aneurism feebly pulsating. He returned in a month, with the circulation in his femoral thoroughly restored and the aneurism pulsating forcibly. He refused to undergo any treatment, but was supplied with an elastic stocking to the whole limb. Six months later, he again showed himself with the popliteal aneurism larger in size, and with a second aneurism, about the size of a large walnut, just beneath the scar of the operation-wound; it pulsated very forcibly; had a well-marked thrill and a loud rasping *bruit*. After a few days' rest in bed, an unsuccessful attempt was made to cure the aneurisms by the application of the Esmarch bandage; finally, the superficial femoral was ligatured just below the upper aneurism; carbolised silk was used for the ligature, both ends being cut off, and antiseptic precautions adopted. Pulsation in the lower aneurism at once ceased and never returned; recovery was rapid; there was no local disturbance or any constitutional irritation. After the operation, the pulsation in the upper aneurism gradually diminished in force, and at the end of five days, the swelling was much smaller, and pulsation was scarcely perceptible in it; in a few days, however, it had regained its former size, and pulsated as on admission. As it caused the patient but little inconvenience, he declined further treatment, and left the hospital. Mr. Smith, after bearing testimony to the advantages of carbolised catgut as a material for ligature to wounded vessels, doubted whether, as at present prepared, it was trustworthy when applied to large vessels in their continuity. Until the occurrence of this case now related, he had had no occasion to find fault with this form of ligature from his own experience, and he had been disposed to attribute the untoward results which had occurred in others' hands to some avoidable defect in the catgut employed. The very ligature used here was, however, kindly sent to him by Professor Lister; it might, therefore, be supposed that it was as good as could be made. Mr. Smith remarked that while it was open to anyone to think that the fault lay in the operator, and not in the material employed, yet that we now possessed abundant evidence to prove that carbolised catgut, when employed for the ligature of large arteries in their continuity, was not thoroughly trustworthy; it was uncertain in its effects on the arterial coats, this being chiefly due to its varying degrees of solubility in the tissues of the living body. In confirmation of this statement he referred to Mr. G. Y. Heath's paper published this year in the *Lancet*, to Mr. Bryant's cases recently read before the Clinical Society, and to a paper by Mr. James Lane in the *British Medical Journal* for November 10th. He drew attention to the following facts—viz., that in three of Mr. Bryant's cases the ligature was found to have divided the vessel completely, and to have been itself absorbed. In Mr. Lane's two cases which were examined, the one thirty-two days after ligature, and the other twenty-eight days, the external coat of the vessel was found uninjured in both cases, while the ligatures had disappeared. In one case published by Mr. Heath, at the end of three days, the ligature was found softened and partially absorbed. In another case the catgut was found on the subclavian *in situ* at the end of fiteen days, while the vessel was perforated. In the same patient another ligature applied to the carotid at the same time had wholly disappeared, the artery being uninjured. Mr. Smith expressed a hope that some improvement might be discovered in the method of preparing the catgut, which, without destroying altogether its solubility, would enable it to constrict an artery for such a time as might be sufficient for a firm clot to form within the vessel. In estimating the possibility of the occurrence of aneurism at the seat of ligature, Mr. Smith drew attention to the peculiarity of the patient in this case, who by his rashness did all in his power to contribute to the untoward result.

Mr. Maunder said he had determined never again to use catgut ligature in the continuity of a vessel. He himself had tied twenty-eight arteries in their continuity, nineteen with silk and nine with antiseptic precautions, of which five had been catgut. He had not had one instance of secondary hæmorrhage, but he contended that the serious accidents which had happened in the hands of able surgeons when employing catgut ligatures were a sufficient proof that that form of ligature was peculiarly unsafe. In future he thought he should invariably use antiseptic silk.

Mr. Barwell was still in favour of the use of catgut ligatures. Secondary hæmorrhage, he said, occurred with silk ligatures as well as with catgut. The aneurism, in Mr. Smith's case, at the seat of ligature, might have occurred with any ligature. Again, in Mr. Heath's case, he could not see the connection between the early recurrence of pulsation in the aneurism and the form of ligature employed. A catgut ligature properly prepared ought to last three to six days undissolved, and in tying the knot he endeavoured to avoid rupturing more than the internal coat of the vessel, so that occlusion of the artery might occur without risk of the walls ulcerating through.

Mr. Heath, in reply to Mr. Barwell said that, owing to the absorption of the ligature in his case the clot in the vessel was washed away, and the full current of the blood through the vessel was thus able to drive away the clot from the aneurism, so that the accident was owing to the ligature employed.

Mr. T. Smith thought the difference in opinion with regard to the advantages of the one form of ligature over the other depended mainly upon the variation in the absorptive qualities of the catgut. No one could say how long it should be soaked, for the ligature which he had used had been given to him by Professor Lister, and did not compress the artery for more than forty-eight hours. He differed from Mr. Barwell on the point that the aneurism at the seat of ligature in his case was not due to the material used. If silk had been employed the vessel-wall would have been divided, and the aneurism would not have occurred. He himself would, however, continue to use the catgut ligature.

AT THE MEDICAL SOCIETY OF DUBLIN.

The First Meeting of the Session 1877-78 was held on November 14th, 1877, Dr. Gordon, President, in the chair.

We do not usually report in this department the proceedings of Dublin societies, but the subject of Phthisis is of such perennial interest, and was at this meeting so discussed, that we are glad to abridge a report from *The Medical Press*, which is the first authority on all medical matters in Ireland.

Dr. Hayden communicated to the Society an abstract of

THREE HUNDRED AND THIRTY CASES OF PHTHISIS,

with observations on symptoms and treatment. He said he only recognised three forms of phthisis—viz., tubercular, broncho-pneumonic or caseous, and cirrhotic or fibroid. So-called syphilitic phthisis, though he would not be understood as denying its existence, had not yet made good its claim as a distinct species. Hæmorrhagic phthisis was only a form of tubercular phthisis, characterised by early and copious hæmorrhage. So-called miller's, miner's, flax-dresser's, and iron-worker's phthisis were only modified forms of fibroid phthisis. In that paper he aimed only at presenting a clinical conspectus of the disease. He did not propose to enter on the debated question whether tuberculosis was ever primary, or rather whether it was not always the product of defective absorption of a strumous or inflammatory deposit. In reference to that portion of the subject, he would only observe that he believed that primary tuberculosis of the lungs was not only possible, but of very frequent occurrence. After briefly describing the symptoms in the various forms of the disease, Dr. Hayden said that for the past twelve years he had noted incidentally, as time permitted, many—perhaps one-fourth—of the cases of phthisis which came under his notice, and had thus collected a total of 330 cases. These had been recorded under the following ten headings:—Name, age, occupation, duration of illness, lung affected, stage of the disease, family health, complexion, hæmoptysis, and general observations. Of the 330 cases, 209 were males and 112 females; sex not stated, 9; the ages ranging between 7 and 75, and the occupations embracing almost every trade and calling known to the city of Dublin. Both lungs were affected in 194 of the 330 cases—that is to say, in the proportion of 58·78 per cent. of the total. Of these 194 cases, both lungs were equally affected, as far as could have been ascertained clinically, in 21. The right lung was affected in a greater degree than the left in 79 cases, and the left affected in a greater degree than the right in 94. The lung only was affected in 126 cases—that is to say, the right lung only in 65, and the left lung only in 61. As regarded the stage of the disease, the first stage was exhibited in 45, the second stage in 146, and the third stage in 93. The family health was reported as having been good in 205; as having been phthisical in 78—*i.e.*, 27 per cent.; and not stated in 41. The complexion of the patients was dark in 179 cases; fair (under which term he meant to include sandy, brunette, all shades of brown—in fact, every complexion except dark), in 131 instances; and not stated, 13. Hæmoptysis occurred in 188 of the 329 cases reported of in relation to this symptom—that was in the proportion of 57·49 per cent. Hæmoptysis occurred once in 60 cases; more than once in 128—*i.e.*, in the proportion of 62·75 per cent. of the whole. There was no hæmoptysis in 120, and no no statement is made in regard to it in 3 cases. Clubbing of the fingers existed in 124 cases; it did not exist in 36, and no statement in regard to it was made in 144. Femoral phlebitis existed in 3 cases, laryngeal ulceration in 2, diabetes mellitus in 2, valvular disease of the heart in 1, fistula in ano in 3, and amenorrhœa in 15. Excavation was noted in 93 cases. As calculated from the answers of the patients, this stage of the disease had been established within six months from the first period of illness in 34 cases; within twenty-four months in 44; and after twenty-four months in only 4 cases; the period "not stated," 11 cases. The preponderance of males, in the proportion of nearly two to one, was noteworthy, and, he believed, fairly represented the relative proportion in which phthisis affected the working classes, from which 7-8ths of these cases had been drawn. Dr. Hayden then proceeded to classify the cases according to age, and afterwards made a few general remarks on the tables from which he had been quoting. He said that, as might be expected, from the slow progress of the disease after 45 years, both lungs were affected in a larger proportion of cases at that period of life than any other, whilst both lungs were less frequently affected relatively to number between the ages of 15 and 25 years. Where one lung only was affected, the right maintained a preponderance at all periods, save the third (15 to 25 years) and the last (over 45 years). Hæmoptysis was most frequent between the ages of 25 to 35 years, and at all periods it occurred more than once, in the proportion of two to one cases in which it was exhibited. The proportion of phthisicals in whom hæmoptysis did not occur at any time was more than two-thirds. Clubbing of the fingers was presented at the several periods—viz., under 10 years, 10 to 15, 15 to 25, 25 to 35, 35 to 45, and over 45—in a proportion varying from one-third to nearly one-half of the cases. He had observed clubbing of the fingers of two kinds: one form was a peculiar expansion, with flattening of the finger ends; the other was incurvation of the nail. The former was that seen in connection with chronic and congenital disease of the heart, and the latter in phthisis. After some observations on the symptoms and general physical signs, dealing only with those of special diagnostic value, the author said he did not purpose entering generally into the question of the treatment of phthisis. Suitable change of climate was *par excellence* the remedy. A long sea voyage has frequently effected a cure, even in the third stage. Of medicines, cod-liver oil was the best, and animal fats of all kinds. Where cod-liver oil could not be taken, he had given arsenic after food in small doses; 3 to 5 minims of the liquor arsenicalis (B.P.), alone, or combined with one of the ferruginous syrups, or Parrish's syrup of phosphates. He had been induced to make a trial of arsenic in cases characterised by great and rapid wasting, from the remarkable results reported of arsenic-eating in Styria, and he was satisfied it was of great value when so given. Rich cream was a good substitute for cold-liver oil. Dover's powders given in 5 gr. doses once or twice in the course of the night was the best remedy for night sweats.

Dr. M'Swiney said it struck him that Dr. Hayden omitted to state a fact of the greatest importance in connection with one aspect of the great subject of phthisis—viz., whether the hæmoptysis preceded or succeeded the other symptoms of the phthisical ailment. It had occured to him (the speaker) also that the experience of many persons would not bear out the *decubitus* which, it would seem, was observed by Dr. Hayden in the third stage of phthisis as being a prevalent *decubitus*. He (the speaker) had thought that in the majority of cases a patient suffering from an excavated lung would, if there were any acute inflammation, or any recurrent pneumonia or pleuritis present, recline on the affected lung, in order to afford greater scope for the play of the unaffected lung in the act of respiration. He did not think that Dr. Hayden had stated the percentage of recoveries. That was a vitally important point in the determination of the nature and prevalence and danger to life of phthisis.

Dr. Henry Kennedy: A few years since, the views of the late Niemeyer, who thought inflammation was the source of phthisis, were very generally accepted, and for a while seemed to revolutionise the ideas held from the time of Laennec. Now these views I cannot accept, and have not hesitated on a former occasion to say so. If it were for no other reason than that pneumonia very generally attacks the base of the lung, it would satisfy my mind, whilst phthisis is found as commonly in the upper lobes; and I would ask any gentleman present how many cases of phthisis he has traced, commencing as pneumonia? An answer to this question may well be taken from the paper we have just heard, for out of 330 cases the author stated that in 8 only had pneumonia been the starting-point of phthisis. The fact is, that such an occurrence is very exceptional, as the figures given prove, and similar remarks may exactly be made in reference to hæmorrhage into the lung, which Niemeyer stated would cause tubercles. In my experience, it will not do so, unless there be also present the strumous diathesis, which, from some unaccountable reason, this author has entirely overlooked. Did time permit, I would venture to raise the question, How far cirrhosis of the lung, described by Sir D. Corrigan, is a form of phthisis? I certainly have examined a good many cases of this affection, when I could not find a trace of tubercle; and there are other points, too, which might easily be adduced, showing the difference between the two diseases. In reference to treatment, I am not in a position to say I have ever seen a case of tubercular phthisis cured; and yet, within the last quarter of a century, the advance made has been immense, and we are now able to bring the disease into a state—and in a considerable number of cases, too—in which it becomes quiescent, and the individual is enabled to follow out the ordinary avocations of life. Besides the means alluded to by the author, I may mention I have used the hyperphosphites in a considerable number of cases, and with good results; and where tonics can be borne, these are valuable agents. But they are capable of inducing hæmoptysis, and so require a certain amount of caution. I have also used an old remedy, and in a very large number of cases; and I am not sure but that, as a single remedy, it is equal to any other. I mean the uva ursi. It allays the cough, lessens the expectoration, and improves the general health; and in this way may be used when other agents have disagreed, or lost their effect. It is given usually in the form of powder, and in doses of from 5 to 10 grains.

Dr. **HEAD** thought the important point in the treatment and management of phthisis was its first cause. If they could ascertain the first cause, they would prevent a great number of cases running into phthisis. As Dr. Kennedy had remarked, what was called tubercular phthisis did not recover; but with reference to those other forms that presented physical signs and symptoms without the evidence of tubercle, many of those recovered. It was a very gloomy view to take of any case of phthisis—except in cases where the tubercular diathesis was very well marked—to say that no case of phthisis could recover.

Dr. **AQUILA SMITH** did not hear Dr. Hayden—in connection with the cases of phthisis occurring in females—take any notice of the cases in which the catamenia was suppressed. Every practical physician would recognise that as a very important diagnostic fact. Dr. Hayden had alluded to the clubbing of the fingers. He (the speaker) thought that should be considered in relation to the stage of the disease in which it was observed. The impression had often occurred to him, on looking at casts of clubbed fingers, that that condition very often depended upon the general emaciation of the patient. However, he never attached anything more than a secondary importance to it.

Dr. **HAYDEN**, in reply, said he had not noted the fact of whether hæmoptysis occurred before or after prominent symptoms of phthisis. From the circumstances of the cases it was impossible to have done so, because most of the patients came under his notice either as out-patients or interns of the hospital. He considered that partial hæmoptysis was not a great evil. He believed it frequently occurred as a first symptom of the disease, and when it occurred very copiously thus early, it was very often regarded as the cause of phthisis. With reference to the *decubitus*, he had merely set down what he regarded as an empirical fact—merely the result of clinical observation. All he could say was, that while he agreed with Dr. M'Swiney that in every form of pulmonary disease the *decubitus* was not on the unaffected side, yet such was the fact—and he (Dr. Hayden) merely gave it as a fact, and he feared not to reiterate the statement—that in at least 90 out of 100 cases of phthisis in the third stage *decubitus* was on the unaffected side, because lying on the affected side always produced cough. He had not stated the results of the cases, for he had not been able to follow them; but in the few cases that he had been able to follow, the result had been that about 8 or 9 out of the whole had recovered. All the rest he had lost sight of. He did not regard cirrhosis of the lung as tubercular. He quite agreed with Dr. Head that phthisis covered larger ground than tubercle. Pulmonary consumption included many other forms of disease than tubercular disease. He had used the hypophosphites very little, because he had a great objection to them; but if they were of avail, he would use them. Dr. Smith had reminded him about the amenorrhœa. In his list several such cases were noted. He supposed there were 40 or 50; he would go so far as to say that it was one of the earliest symptoms, and the friends and relatives of the patient regarded it as the cause of the disease, whereas it was a consequent symptom. He did not know whether the clubbed finger could be associated with any particular stage of phthisis; he thought it occurred in all stages; but it was best marked in the advanced stages, because of the surrounding waste of tissue.

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MEDICAL OPINION.

THE DISCUSSION ON TETANUS AND HYDROPHOBIA AT THE ROYAL MEDICO-CHIRURGICAL SOCIETY.

THIS discussion is so important, that although we report it in another column, and also publish an article on Hydrophobia, we have no doubt our readers will be glad to have in this department the opinions it has elicited from our contemporaries.

The *Medical Press* says—"If there was one part of the discussion more suggestive than another, more original, and more in accordance with views that we have long entertained, it was that part in which the President (Dr. C. West), took the opportunity to deprecate the growing tendency to a too exclusive study of disease from the side of morbid anatomy. He had been struck, and we think justly so, with the growing tendency to ignore the results of clinical observation, and to look too narrowly into the changes observed in organs by the microscope after death.

* * * * * *

There is every reason to believe that the morbid appearance observed in hydrophobia is a result and not the cause of the conditions on which the disease essentially depends, or that in the words of Dr. Greenfield, the changes in the nervous centres in hydrophobia and tetanus do not afford any proof than that they are any other than the results of irritation. The hyperæmic state of the blood-vessels, the extravasation of blood, and the collection of leucocytes around the vessels, might all have been owing, as Dr. T. C. Turner remarked, to vascular congestion sufficient to alter the vessel-wall and allow of the exudation of leucocytes, while Dr. Gowers also admitted that the effects of severe congestion must be taken into account. Such congestions of all the organs of the body, from paroxysms interfering with respiration would be more intense in tetanus than in hydrophobia, and probably for this reason the extravasations of blood, are not only more marked in tetanus but might assist in producing the accumulation of the granular matter observed around the blood-vessels. Moreover, as Dr. Gowers further remarked, the effects of congestion would be greater in organs already in a condition of increased functional activity, whilst the limitation of the granular material to the vicinity of the vessels was owing to the fact that the spaces around the vessels were the only spaces where granular matter could aggregate. This suggestion, therefore, of the parts and its results, which, be it remembered, are comparatively slight and unequal to the production of any paralytic lesion, must be looked upon as the result of some antecedent cause upon which the disease primarily depends, and perhaps they are no more to be viewed as pathogenic of these convulsive affections than the changes observed in the medulla oblongata of persons who have died from epilepsy are to be regarded as the essential causal condition of this latter affection. The increased vascularity of the medulla, the dilatation and increased thickness of the blood-vessels, as ascertained by careful measurement, the increased hardness of the medulla from the exudations of granular matter—all these changes have been well described by Schrœder van der Kolk, but were never regarded by him in any other light than as a result of the repeated congestions to which the parts had been subject during the repeated and numerous convulsions from which the patient had suffered during life. The great difference of opinion expressed before the society as to the pathology of so common a disease as traumatic tetanus would not promise much for our better acquaintance with the nature of hydrophobia, were it not that the dependence of the latter affection upon a morbid poison was a settled and well-established point in pathology. While some members, as Dr. Dickinson, contended that a blood-poison was the source of traumatic tetanus, while others, as Dr. Gowers, were in doubt as to what view to take of it, there were some, as Mr. Curling, who considered it to be purely and primarily a nervous disorder due to eccentric nervous irritation. Thus we see that the rival doctrines of humoral pathology and nervine pathology have their representatives now as they had centuries ago, and that notwithstanding all the researches that have been made into morbid histology, we still have much to learn respecting the true pathology of disease."

The *Medical Times and Gazette* says—"It is plain that the whole of the phenomena of the two diseases point to the medulla oblongata and the spinal cord as the spots whose lesions are the cause of the palpable outcome of the disease. Changes have been found in both, but whether these changes are part and parcel of the disease—that is to say, the immediate causes of its phenomena—or whether there is something beyond, as yet remains a mystery."

The *Lancet*, confining its attention to tetanus, says—"It may be that the various forms of tetanus are really so many distinct diseases—that tetanus is but a combination of symptoms which, like paralysis or epilepsy, may depend on a number of morbid conditions, each with a distinct course and mode of action; in fact, that trismus nascentium, traumatic tetanus, and the rheumatic or idiopathic forms, are not only due, as most would admit, to differing original causes, but that they act upon the nervous centres and set up the changes which give rise to symptoms in various ways, so that the pathology of each is essentially distinct. Provisionally, at least, it seems desirable that this view should be entertained. The remarkable change in doctrine which was shown by the views of a number of the speakers is a proof that the current of opinion is setting in favour of the blood-poison theory, in spite of the serious objections, both experimental and clinical, long ago raised against it. . . . In favour of the septic theory may be urged the analogy of the results of some poisons, notably strychnia and the poison of hydrophobia; the evident effects on the blood-vessels, as seen with the microscope; the difficulties in explaining localisation on the nervous theory; the occasional endemicity of tetanus, or its concurrence in several cases together; its reputed production by wounds with arrows poisoned with putrid flesh; and the dependence of trismus nascentium on insanitary conditions. Against it are urged the great rapidity of onset and death in some cases where no decomposition can be assumed; the entire failure to inoculate the disease, or to produce it, as in Arloing and Tripier's experiments, by injection of a large quantity of blood from an animal with tetanus into a healthy one; and, on the other hand, the facts of direct experimental production of tetanus by nerve irritation and the cure of tetanus by removal of an irritant body or by nerve section, which could not influence the action of a poison already formed. Against the theory of nerve-irritation are the difficulties due to the peculiar localisation of the reflex spasm, its commencement in relation to centres far distant from the immediate origin of the nerve—often, indeed, the region of the irritated nerve being but little affected, and no direct reflex action induced. The absence of evident changes in the nerves, in many cases, is also thought to be opposed to this view. Moreover, though it is well known that numerous experimenters have failed to evoke tetanus by experimental irritation of the nerve-trunks, it has been shown by Weber and Heidenhain that the slow irritation of a nerve by special methods does produce all the phenomena of tetanus. These experiments are conclusive as to the possibility of nerve-irritation alone giving rise to the disease, and establish this as one, at least, of the methods of its origination."

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NOVELTIES.

THE HÆMACYTOMETER.

It is now about two years since M. Malassey's instrument for counting the number of blood corpuscles in a known quantity of human blood was introduced into this country. The *Compte-Goutte*, as it was called, had this disadvantage—that it could only be employed with one microscope, and with an eye-piece made specially for the work. In writing in the *Lancet*, December 1, 1877, Dr. Gowers points out these inconveniences, and states that he has had a modification of Hayem's instrument constructed by Hawksley, which can be used with any microscope, and which also admits of greater accuracy.

The hæmacytometer, as Dr. Gowers styles the instrument, consists of—

1. A pipette holding 995 cubic millimetres.
2. A capillary tube holding exactly 5 cubic millimetres.
3. A small glass mixing-jar.
4. A small glass cell, exactly 1-5th of a millimetre deep, the floor of which is ruled in tenth of a millimetre squares.

The principle is the same as in all other methods of proceeding, and consists in diluting to a known strength a known quantity of the blood, and then counting the number of corpuscles in a known quantity of the mixture. With Dr. Gowers' modification the procedure is very easy. A pipette-ful (995 cubic millimetres) of the diluting solution (an aqueous solution of sulphate of soda of a sp. gr. of 1025) is placed in the mixing-vessel. Five cubic millimetres of blood are then drawn into the capillary tube from a drop in the finger, obtained by making a puncture with the point of a lancet, and letting the blood escape *without pressure*. The two are well mixed by a glass rod. A drop of the mixture is then placed in the centre of the cell, the cover-glass secured in place by the springs, and the cell then placed on the stage of any microscope. In a few minutes the corpuscles have sunk on to the squares. The number in 10 squares × 10,000 = No. in a cubic millimetre of blood—the average number being 5,000,000. Dr. Gowers points out that, by using squares of this size, a more convenient statement can be obtained, without making this calculation. The average number in one square is 50 $\left(\frac{5,000,000}{1,000}=50\right)$ or in two squares, 100; hence counting the number in two squares gives the percentage proportion to the average of health. For instance, in a case of lymphadenoma with moderate apparent anæmia, it was found that ten squares contained 355 corpuscles, equal to 3,550,000 per cubic millimetre of blood. The average of two squares (71) is the percentage, and the corpuscular richness of the blood is 71.

In the proceeding, one or two precautions are necessary to ensure accuracy. Dr. Gowers says, "It is somewhat difficult to get the exact quantity of blood in the capillary tube, because, in removing the blood from the point, a little is easily drawn out of the tube. It is, therefore, best to draw rather more than the required quantity into the tube, then to remove the blood from the point with a soft cloth, and keep the cloth in contact with the point while the extra blood is blown out of the tube. A little of the diluting fluid should be drawn into the tube after the blood is ejected, to ensure the removal of all the corpuscles. The drop placed in the cell should not come in contact with the sides of the cell. It must, of course, be in contact with the cover-glass. The corpuscles should be counted in or near the centre of the drop. In distinguishing the red from the white corpuscles, it must be remembered that a weak diluting solution causes many corpuscles to swell up to twice the size of the others, and care is needed to distinguish these from the white cells. A quarter-inch objective is the most convenient to employ. The whole process, from beginning to end, does not occupy more than a quarter of an hour."

We might suggest that the diluting fluid might with advantage be kept at a temperature of about 100° F.

IN THE LABORATORY.

A SENSITIVE TEST FOR COPPER.

IN the *Deuts. Chem. Ges. Ber.* (x., 1099), L. Cristi gives a very delicate test for copper, which is quite worthy of record. A zinc-platinum element is formed of two thin wires, which is then placed in the solution to be tested. Should there be much copper present, almost immediately the platinum becomes covered with a blackish deposit; but if the solution be very dilute, it is necessary to leave the wires in it for some hours, when, of course, the platinum will be only slightly, if at all, coloured. The platinum wire is now removed, washed with water, and exposed, without previous drying, for a few moments to the action of hydrobromic acid and bromine vapour, obtained by heating a small quantity of bromide of potassium with strong sulphuric acid. The deposit becomes deep violet. The colour may be more easily recognised by rubbing the platinum wire with a piece of porcelain. The author believes the colour to be due to bromide of copper dissolved in hydrobromic acid, and states that 0·000001 grm. of copper can be readily detected by its means.

R. C. Woodcock (*Chemical News*) repeated the experiment by dissolving metallic copper in nitric acid, and then diluting the solution until 8 cc. contained 0·0000008 grm. of copper. 8 cc. were then taken, and a drop of dilute hydrochloric acid added, the zinc-platinum element placed in this solution, and left for nineteen hours, after which time the copper could just be detected by applying the above test.

WHY MILK SOURS DURING THUNDER-STORMS.

VARIOUS surmises have from time to time been made with regard to this subject, but, hitherto, so far as we are aware, they have all been unsubstantiated by experiments. In order to see if milk really did sour during heavy rains and thunder-storms, Dr. Malvern Iles, of Baltimore, made a series of observations which conclusively proved to him that the common opinion so generally held by dairymen and others was not erroneous, and on further endeavouring to arrive at the cause of the phenomenon the following experiments were conducted (*Chemical News*, xxxvi., 940):—An eudiometer tube, of 300 cc. capacity, was filled with skimmed morning's milk, after which, 100 cc. of pure oxygen gas were introduced. Then, by means of an ordinary battery and a small Ruhmkorff coil, sparks of electricity were made to pass through the oxygen for five minutes. The current was then broken, the tube shaken up, and allowed to stand for five minutes. The milk did not appear quite so opaque, and showed a noticeable acid reaction. On continuing the current for five minutes, however, making in all ten minutes, the milk curdled very perceptibly, and showed a decided acid reaction. The contents of the tube, on standing for twenty minutes, had reached the consistency of ordinary sour milk.

From the above experiments it will be seen that the oxygen gas was converted into ozone, which we think may be stated as the cause of the rapid souring of milk during thunder-storms. The increased acidity is due to the formation of lactic acid, and, possibly, also some acetic acid, by means of the ozone, one or both of these acids causing the casein to be precipitated.

UTILISATION OF WATER RESIDUES.

DR. VOHL, of Cologne, has, we learn from *Nature*, adopted an ingenious method of determining the impurities in the Rhine, which consists in analysing the boiler incrustations of the river steamers, as well as the concentrated residues remaining in the boilers after passing over a certain distance. By this means he has detected the presence of a large amount of arsenious acid in the river water—resulting chiefly from the aniline and dyeing establishments—as well as other poisonous substances. An unusually high percentage of phosphoric acid showed that the sea was daily absorbing vast quantities of the most valuable fertilising material from the soil of Germany.

BLUE BILE.

M. ANDOUARD, of Nantes, was lately called upon to examine some linen soiled with a deep blue vomit. Poisoning by copper was suspected from the colour. He found the stain to be due to the colouring matter of the bile, which had undergone some change, the nature of which could not be determined on account of the small quantity at his disposal. Spectroscopically it approached the products of oxidation of bilirubin and biliverdin, but chemically it was still more closely allied to the ordinary colouring matter of the bile isolated by Ritter.

JOTTINGS FROM JOURNALS.

FRACTURES OF THE FEMUR.—Dr. Frank H. Hamilton has recently delivered in the Belle Vue Hospital, New York, a clinical lecture on this subject, which we see reported in the *Philadelphia Medical Times*, by Dr. P. B. Porter. Dr. Hamilton's remarks were limited to fractures of the shaft of the femur in the adult. He commenced by remarking that fractures of the shaft of the femur in the adult were almost invariably extremely oblique; the fragments could not be kept in position, therefore the powerful muscles attached to them necessarily caused overlapping. The only method of keeping them in apposition was by making extension and counter-extension. Now, how was this effected? From remote times up to the end of the last century surgeons had employed a long straight splint. By making extension and counter-extension they pulled the fragments out into position, and then applied the splint to the side of the limb with bandages. Pott, in his treatise, maintained that the muscular contraction giving rise to the shortening could be overcome by keeping the limb flexed. In consequence of Pott's treatise the double inclined plane came into use. Since then, however, almost all surgeons have returned to the straight splint. The first great step in advance was made by Dr. Crosley, who conceived the idea of applying strips of plaster to the sides of the leg and attaching the weight by which the extension is made to them. By this means, instead of being unable to use with safety a greater weight than 10 lbs. (a weight usually quite insufficient for the end in view), we can now employ a weight of 25 lbs. even. This is ample for all purposes, and a much smaller one sometimes suffices. Dr. Hamilton's rule is to gradually increase the amount of extension until the patient cannot bear any more with comfort. The next great step we owe to a surgeon of Schenectady, who conceived that by elevating the foot of the bed we might dispense with the perineal band. When this was first suggested to Dr. Hamilton, it was thought to be necessary to have the foot of the bed raised about two feet, and he says that in the first case in which he tried this the patient said he felt as if he was going to have apoplexy. He was not, therefore, favourably impressed with it. Before long, however, it was shown that an elevation of four inches was sufficient, and the measure was adopted by all surgeons. Dr. Hunter mentions one precaution it is desirable to observe; the patient's pillow should be under the head alone, and not under the shoulders.

NOTES, NEWS, AND GOSSIP.

MR. SPENCER WELLS AND THE SAMARITAN HOSPITAL.—On the 12th ult., Mr. Spencer Wells performed ovariotomy for the 404th time at the Samaritan Hospital. He then briefly reviewed his work and remarked that his first ovariotomy in connection with the institution was done about twenty years ago, and fortunately the first three cases recovered. Had they proved fatal the history of ovariotomy would probably have been different, and the operation might have remained under a cloud. The mortality in each quinquinnial period had steadily diminished; it being one in three during the first five years, on in four in the next five, and one in five in the third five years. Still more recently it had been only one in ten. The total number of deaths among the 404 cases was 99. Mr. Wells then announced that he was now retiring from the active work of the hospital, having been elected consulting surgeon. But it had been arranged that public consultations should be held at the hospital every Friday; due care being taken to respect the feelings of the patients.

OBSTETRICS IN CHINA.—Out of fifty cases attended by Dr. Jameson, five were abortions earlier than the third month, and four were miscarriages earlier than the sixth month. There was one case of twins, both females. By the forty-one labours at term there were born twenty-three girls and nineteen boys. Out of the total of fifty, one mother died of puerperal fever of the nervous form, without evidence of scepticæmia. This latter case proved fatal within thirty-four hours of the first appearance of excitement. Of the forty-two children born at term, one died of trismus on the fifth day, and one was born dead, having died probably the day before labour set in. In the forty-one cases at term there were forty head presentations, one of the right shoulder, and one of the left shoulder with loop of funis (pulseless). Of the forty-one cases at term, the forceps was used in twelve cases, of which six were at or above the brim, and six in the cavity. Out of the fifty cases summarised, there were only two of serious difficulty. In none was there any threat of *post-partum* hæmorrhage—a fact which may be contrasted with Tilt's representations as to the frequency and formidable character of this accident among European residents in India.

DEATH-RATE IN VARIOUS CITIES IN EUROPE.—In a recent number of the *Gazette Médicale*, the following figures are published, extracted from the *Journal Officiel* for the years 1872-5. 1. Births.—There were 16·27 per 1,000 inhabitants in France, 34·23 in Great Britain, 36·65 in Italy, 39·71 in Germany, 40 in Austro-Hungary, 47·20 in Russia. 2. Mortality.—There were 21·35 deaths per 1,000 in Great Britain, 22·46 in France, 27 72 in Germany, 30·40 in Italy, 34 in Russia, 38·96 in Austro-Hungary. 3. Proportion of births to deaths.—By the two tables above, it seems that the excess of births over deaths per 1,000 is 13·20 in Russia, 12·88 in Great Britain, 11·90 in Germany, 6·25 in Italy, 3·81 in France, and 1·04 in Austro-Hungary. Thus, though France occupies the second rank with respect to her slight mortality, she is last but one among the great Powers as regards the excess of births over deaths.

THE SANITARY INSTITUTE OF GREAT BRITAIN.—The Council of the Sanitary Institute resolved at their last meeting to hold a public meeting on the 30th of May next, and the two succeeding days for the discussion of the following subjects:—1st. The pollution of rivers and the acts passed in 1876 for the prevention of the same. 2nd. On the principles of water supply with special reference to improved water supply for London. Persons desirous of taking part in the discussion are invited to do so, and, to facilitate arrangements, are requested to inform the Council the subject upon which they desire to speak.

DEATH OF DR. HAWKINS.—We have to announce the death of Dr. Francis Hawkins, who will be remembered chiefly in connection with the General Medical Council, of which he held the office of Registrar from the time of its constitution, about a score of years ago, until last year when he resigned the post, having earned the respect and esteem of all with whom he came in contact. The deceased had recently been staying at Brighton for the benefit of his health, where he seems to have caught a severe cold which developed after his removal to his residence in London into bronchial catarrh, to which he succumbed on Thursday last at the ripe age of 83.

LEICESTER PORK PIES.—We have to acknowledge the receipt from Messrs. Viccars and Co. of one of these seasoned delicacies, which we handed to a qualified assistant for practical analysis, and we subjoin his report. The exterior was of an oval form, slightly concave on the upper surface, which was decorated with some taste; its weight was four pounds avoirdupois, and its general appearance decidedly attractive. A bold incision from left to right disclosed a rather thick layer of rich jelly on the interior surface of the short crisp outer crust of paste, underlying and partially surrounding a solid mass of well flavoured meat, which my junior assistants and a lady, with much experience in this department of domestic science, declared to be very good. Having thus made a quantitative and qualitative analysis of the specimen submitted to me, I have to report that it was in every respect most satisfactory, and that I can confidently recommend them.

If you desire further investigation, I should have much pleasure in undertaking it, in which case it will be necessary to supply another specimen, the one received having been reduced to infinitesimal proportions in the process.

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DEATHS.

BROSTER.—On Dec. 3, at Topsham, Devon, R. W. Broster, M.R.C.S., late of Beauminster.

BURMAN.—On Nov. 20, at Wath-on-Dearne, Yorkshire, James Burman Surgeon, in practice prior to 1815, aged 82.

DUNCAN,—On the 10th inst., at Wardle Road, Edinburgh, Alexander Campbell Duncan, M.D., late of the Indian Medical Service.

DOWNES.—On Dec. 15th, at White Street, Borough, Charles Downes, M.R.C.S.E., aged 56.

DRURY.—On Nov. 24, at Mentone, John Thomas Cockin Drury, M.D. aged 44.

EDMUNDSON.—On Nov. 26, at the Lunatic Asylum, Enniscorthy, Maria Lloyd, the beloved wife of Joseph Edmundson, M.D., aged 45.

EVANS.—On the 10th inst., at St. Leonard's, Herbert Norman Evans, M.D., late of Hampstead, aged 75.

GREENE.—On Nov. 23, at Urlingford, co. Kilkenny, William Greene, M.R.C.S.E., L.A., Dub., aged 85.

HAMILTON.—On Dec. 30th, at 80 Northampton Park, N., Reginald J., youngest son of Thomas Hamilton, M.B., F.R.C.S.

HEDLEY.—On Dec. 9th, at Woolwich, John George Hedley, L.S.A.L., aged 65.

HUMBLE.—On Dec. 8th, at Newcastle-on-Tyne, Thomas Humble, M.D., aged 68.

LAWRENCE.—On Dec. 6, at 134 Adelaide Road, Regent's Park, Surgeon-Major L. A. Lawrence, M.D., formerly of Southampton, aged 64.

MACARTNEY.—On the 12th inst., at Pelham Crescent, South Kensington, James Macartney, M.D., late of Mexico, aged 67.

MCCREERY.—On the 5th inst., at Hartest, Bury St. Edmunds, John McCreery, L.K.Q.C.P.I., aged 25.

MALTON.—On the 8th inst., at Ramsgate, Charles James Abernethy Malton, F.R.C.S.E., aged 64.

MOOR.—On the 4th inst., at Leyton, Essex, Alfred Moor, L.R.C.P.L., aged 37.

MOORE.—On Nov. 17, Queen street, Lancaster, Percy St. Aubyn Daniel Moore, only son of J. Daniel Moore, M.D.. F.L.S., aged 7.

RICE.—On Nov. 27, at Stratford-on-Avon, Emily, wife of Bernard Rice, M.D., Lond., aged 43.

RUNCORN.—On Nov. 28, at St. Mary's Hospital, Manchester, Henry Runcorn, M.R.C.S.E., aged 65.

STARLING.—On Dec. 3, at Brighton, Thomas J. Starling, F.R.C.S., of Higham Ferrers, aged 67.

STEWART.—On Nov. 27, at Ealing, Charles J. Stewart, M.R.C.S., aged 45.

STRACHAN.—On Nov. 26, at Dollar, John Mitchell Strachan, M.D., aged 66.

SMITH.—On the 3rd inst., at Sedgley, John Smith, M.R C.S.E., aged 46.

TAYLOR.—On Nov. 30, at Botesdale, Suffolk, Robert Taylor, M.R.C.S., aged 47.

TERREWEST.—On Nov. 16, at Messingham, Lincolnshire, Wm. Terrewest, M.D., aged 72.

TRENCH.—On the 5th inst., at Bedford Street, Liverpool, Wm. Stewart Trench, M.D., aged 68.

TROTTER.—On Dec. 17th, at Bishopsgarth, near Stockton-on-Tees, Charles Trotter, F.R C.S.E., aged 79.

WESTROPP.—On Dec. 5, at 100 George Street, Limerick, Wm. Westropp, M. ., aged 73.

WHITCHURCH.—On Dec. 12th, at Great Barford, Nathaniel Whitchurch, M.R.C.S.E., of Melton Mowbray.

WILLIAMSON.—On Dec. 16th, at Cambridge Gardens, Notting Hill, George Williamson, M.D., Surgeon-Major. Madras Native Infantry

TO CORRESPONDENTS.

WE beg to thank authors of papers and lectures who have furnished us with reports or abstracts of their articles, and to say that such communications will always receive attention. It is desirable they should reach us as early as possible in the month.

Postponements.—Although we give four additional pages this month, we are obliged to hold over several articles. The unusual pressure of interesting matter has induced us to give more lengthy reports than usual. Hence overcrowding which compels us to omit the Independent Department.

☞ Books for review and literary communications should be sent to the Editors at the office.

THE DOCTOR.

LONDON, FEBRUARY 1, 1878.

Multum in parvo.

THE ADMISSION OF WOMEN TO THE UNIVERSITY OF LONDON.

OUR readers are no doubt aware of the various discussions, both in the Senate and in Convocation, that have already taken place upon this subject, and also of the differences of opinion that have arisen between these bodies. Since our last issue another meeting of Convocation has been held, at which the question seems finally to have been settled. At the meeting on Jan. 15th the Draft was submitted of a Supplemental Charter proposed by the Senate to enable women to graduate at the University. The adoption of the Draft Charter was moved by Mr. H. M. Bompas and seconded by Mr. Hensman, and finally, after much discussion, accepted by a majority of 110, the actual numbers being—

Ayes	242
Noes	132
Majority for the Charter .	110

The chief point of interest to our readers is of course the fact that, by this resolution, Convocation has agreed to the admission of women to medical degrees, and it was this of course which intensified the struggle. Nearly all of the medical graduates present who did speak, spoke against the Charter, Drs. Pye-Smith and Moxon being apparently the only ones who gave it a lukewarm adherence. The victory seems to have been won mainly by the arts-graduates, but we wait for the division list to see how many medical graduates voted for the Charter.

Dr. Tilbury Fox, in an energetic speech, asked why the University, just when it was most necessary to be united, should be split up into factions just because one or two women wanted its degrees? Dr. Quain said that if women were admitted some of the most distinguished graduates would retire from all interest in it. Dr. Wilson Fox felt, that to admit women to medical degrees would be a degradation to the University.

Sir Wm. Jenner said he would plainly tell them that a course of study to acquire a degree in medicine involved a knowledge of the anatomy, physiology, and pathology of the male genital organs. For his part he would rather follow his daughter to her grave than see her on the benches of the dissecting-room.

For our part we certainly do not admire the idea of seeing our wives, daughters, or sisters on the stools of the dissecting-room, but Sir Wm. Jenner's expression seems to us rather strong, and we would rather see them there than in their graves. It is quite possible, too, that some of the women's advocates may ask why it should be more indecent for one sex than the other to study the genital organs of the opposite sex? It, however, does not accord with *our* ideas of feminine delicacy, and we should think that medicine is a study that will not attract many feminine minds, should their delicacy be equal to what it is commonly supposed to be. It may have an overwhelming attraction for a select few, but even those we think would not be so eager to commence its study if they knew as fully as we know what that study involved.

Still, in this nineteenth century we do not feel inclined to say they *shall not try*, although we would do our utmost to discourage them. To quote Dr. Pye-Smith's words—"As Liberals, in the best sense of the word, we cannot deny the claims of women to be allowed to try for degrees." At the same time we would point out to them that one portal is already open to them, viz., the King and Queen's College of Physicians in Ireland.

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CHRONICLE.

TREATMENT OF EPILEPSY.

IN a lecture in the *Gaz. des. Hôp.*, Prof. Hardy observes that whatever remedy may be resorted to, the treatment must be continued for months or years. It may, indeed, be interrupted from time to time without inconvenience; but after a suspension of a fortnight, a month, or longer, it must be resumed under the penalty of losing any advantages that have been already gained. Speaking of the belladonna treatment, conducted in the mode recommended by Trousseau, he says that he has met with two cases among those in which he employed it in which he believes its success was quite complete. He thinks atropia should only very rarely be substituted for it, owing to the danger of poisonous accidents resulting from irregular apportioning of the dose. Bromide of potassium, however, he observes, is almost the only medicinal substance employed at the present time; and from its use we may hope to obtain a cure when the disease is not very old, and if the paroxysms are not very frequent. He has himself met with several cases in which such cure can quite legitimately be said to have occurred. Like all the other remedies, it must be given in increasing doses (from two to three, four, six, and even eight grammes per diem), and must be continued for a long time—two or three years. This substance has, however, the inconvenience of inducing a certain amount of intellectual paresis, and especially a slight loss of memory. It also frequently gives rise to irritation of the skin.

SALIVARY CALCULUS.

DR. FREUDENBERG (*Berlin Klin. Woch.*, Nov. 26), met with a salivary concretion in the duct of the right sublingual gland; it was found to be projecting to the extent of a centimetre, and by a little manipulation the calculus was dislodged by mere pressure, springing out at last as if from an elastic ring. In length the concretion measured 3·5 centimetres, the diameter of its base measuring 1·4 centimetres. It consisted of phosphate and carbonate of lime, and an albuminous substance, the phosphate constituting an unusually large proportion.

Dr. Octavian Newcombe Royle removed a calculus from under the tongue, weighing 100 grains, of which he sends a diagram to the *Lancet*, Dec. 15. It looked like a mulberry.

TREATMENT OF STUMPS AFTER AMPUTATION: A NEW METHOD.

Dr. Ed. Gaurveau, of Quebec, writes to the *Lancet* to describe his plan. We shall suppose an amputation at the wrist. "I apply the tourniquet over the brachial artery; I cut my flaps very carefully, that they may adjust as closely as possible; and I bring the divided parts together, and keep them in apposition by means of strips of linen one inch in width, soaked in a solution of equal parts of tincture of muriate of iron and water. I lay my strips first horizontally, and then spirally, using moderate and uniform pressure so as to prevent subcutaneous oozing of blood, and I further saturate the compresses with iron. I now slightly turn the screw of the tourniquet to allow of a little blood to reach the bandages. The blood coming in contact with the iron undergoes a chemical change, and forms a thick adhesive mass, which closes the lips of the wound, and excludes all contact of air. Shortly afterwards I remove the tourniquet, when no hæmorrhage can take place owing to complete closure of the wound and through compression over the viens and arteries. To ensure the latter effect more thoroughly I previously envelop the limb up to the elbow with rollers of bandage firmly and moderately placed from below upwards." As regards the use of the tourniquet, perhaps it would be better still to substitute Esmarch's elastic bandages.

DISLOCATION DURING A FIT.

Dr. J. M. E. Scatliff, of Brighton, records a case of subglenoid dislocation of the shoulder, occurring during an epileptic paroxysm, of which he was a witness.

ABSCESS IN THE MEATUS AUDITORIUS.

Dr. Hasket Derby, in the *Boston Med. and Surg. Journ.*, has some very practical remarks on furuncles and abscesses in the external meatus, occurring either as the result of exposure to cold, damp, or the presence of a foreign body, accumulation of wax, &c. He has known an instance where an abscess was attempted to be snared in mistake for a polypus. It is needless to say that with a little care, and, if any doubt exists, an examination with a probe, such a mistake could not result; the complete continuity of the abscess with the wall of the meatus immediately distinguishes it. It is rare for the inflammation to resolve itself, and generally, in periods varying from two to six or eight days, pus forms and is discharged. The treatment consists in depletion with leeches (two to four) applied over the tragus or in the meatus. In the early stage of the disease warm fomentations, decoctions of chamomile and poppies answer well, and steaming the ear. Hinton and Roosa caution against the use of external poultices, the latter recommending a small conical linseed poultice introduced into the ear. Dr. Derby relies entirely on constant fomentations with poppy-water, and sometimes a blister over the mastoid process in the early stages. He has found this of great use in allaying the pain, as also subcutaneous injections of morphia. If the meatus be not blocked up, warm injections of carefully-strained poppy-water frequently repeated will be found grateful. When the abscess has formed, the early evacuation of pus, by an incision carried well into it, is the only treatment, this incision being followed by careful attention to the meatus and membrane. On this latter point it is not possible to speak too strongly. Many are satisfied with the relief they give their patient with the first incision, and do not continue their care of the canal for some days subsequently. The result is frequently occlusion of the passage, with some epithelium and discharge, perhaps recurrent abscess or implication finally of the membrane. It is better to keep the passage well cleansed, using some mild astringent lotion, such as sulphate of zinc or borate of soda with glycerine, and warm injections for several days. As abscesses are particularly likely to recur, it is well to warn the patient of this tendency, and so avoid the unpleasantness which sometimes arises from impatience at the prolonged nature of the affection. At times abscess in the meatus assumes very formidable proportions. This is particularly so in those cases where there is frequent recurrence of the abscess.

ENEMATA OF COLD WATER IN JAUNDICE.

Dr. Krull, in the *Berl. Klin. Woch.*, reports much benefit from this mode of treatment in catarrhal jaundice. Three or four pints or more are slowly injected, and retained as long as possible; after the second injection bile appears in the stools. The temperature is to be about 60° Fahr., and may be reduced to 50°. The most striking points in this treatment are the rapid relief to pain in the stomach and the speedy return of appetite. The enemata should be given once in twenty-four hours. At present no case has resisted in Dr. Krull's hands seven such injections.

CHINESE HÆMATAZOA.

Dr. Patrick Manson, of Amoy, from observations published in the *Customs Gazette*, is of opinion that the following deductions are justifiable:—1. That a large ratio of the population of this province, and probably of other parts of China, is infested with the Filaria sanguinis hominis. The exact ratio cannot yet be stated, but if his observations are a fair guide, one in thirteen is near it. 2. That the Filaria sanguinis hominis may be present in the blood, and yet the host be in good health and exhibit no other morbid phenomena. 3. That in the same person it may be present at one time and absent at another. 4. That at one time or another it is very generally associated with elephantoid disease, and is almost certainly connected with the cause of such affections. 5. That it is sometimes associated with a diseased condition characterised by frequently recurring attacks of fever, accompanied by general anasarca unconnected with heart or kidney disease.

TRAUMATISM IN PREGNANCY.

Prof. Verneuil communicated the following conclusions at the International Congress at Geneva:—

1. The influence which traumatism and pregnancy exercise on each other has been studied within the last few years only, the principal writers on the subject being Valette, Eugene Petit, Cornillon, Massot, Cohnstein, and Gueniot. The following conclusions may be considered as having been established on sufficient grounds:—

2. Traumatism and pregnancy may progress together without exercising any influence, the one on the other. This holds true of severe injuries as well as of insignificant wounds.

3. Wounds from accidents, or the result of surgical operations, independently of their severity, may disturb gestation in various ways, giving rise to abortion, followed by the death of child or mother.

4. Some surgical wounds, despite their unfavourable influence on mother and child, may yet become necessary as a means of remedying several affections which, if left to themselves, would be highly dangerous.

5. On the other hand, pregnancy may disturb the healing of wounds in different ways—retarding or preventing the healing process, and promoting the occurrence of several complications.

6. Other complaints, independent of traumatic injury, may be so unfavourably influenced as to compel the surgeon to perform operations which might be avoided, or at least adjourned had the p tient not been pregnant.

7. Delivery exercises a beneficial influence on some wounds inflicted during pregnancy.

8. On the other hand, the puerperal condition acts unfavourably on wounds, whether accidental or surgical, received during pregnancy or after delivery.

9. Pregnancy does not altogether exclude surgical interference, but the latter is subject to rules which may be given with some degree of reserve. They are—

(*a*) To operate at once, whenever the patient's life is seriously menaced. (*b*) To choose an opportune time for operating in such cases as require energetic measures, and show a tendency to become otherwise incurable. (*c*) To operate whenever the disturbance, however slight, becomes a cause of dystocia at the full period. (*d*) In cases which do not appear to be aggravated by the condition of pregnancy, or do not influence that state injuriously, to abstain as far as possible from operating. (*e*) To abstain absolutely in all cases which merely affect the form or functions of unimportant accessory parts, or of those which may recover without surgical interference after delivery. (*f*) To avoid as far as possible, all operations during the puerperal state. If the danger be pressing, operate rather during pregnancy, and in slighter cases adjourn the period of surgical intervention for two or four months after delivery.

HERNIA OF THE STOMACH.

Dr. Robert Macnab reports (*Lancet*, Jan. 5th) a case in which paracentesis thoracis was followed by a diaphragmatic hernia of the entire stomach. In July, 1875, Dr. Macnab aspirated the left pleural cavity for empyema in a young lady, æt. 15, and removed several pints of blood-stained pus. Six days afterwards, finding that the fluid was re-accumulating, he made an opening, and introduced an india-rubber tube into the pleural cavity. Enormous quantities of pus continued to escape till November, when the quantity lessened. By the 19th of December it had so far lessened that he closed the wound. During these five months his patient took food well, and improved in general health from day to day. There was no falling in of the affected side, but only a slight flattening under the clavicle, where the former bulging had been. Respiratory murmur good over a large part of front of lung. Convalescence was rapid, and up to last October she enjoyed excellent health. On October 9th, 1877, after eating a hearty breakfast and dinner, she was seized with violent retching and sickness. When seen (at 10 p.m.) the abdomen was markedly retracted, no swelling in either groin, and no localised pain. An emetic caused the ejection of three or four pints of undigested food—followed by immediate relief. In two or three hours, however, the sickness recurred; yellow bilious vomiting. Later on a dark brown coffee-ground-like vomit. All stomachic sedatives failed, and the patient died collapsed on the 12th. *Post-mortem.*—Left side of chest seemed fuller than right, and emitted a clear percussion note. On opening the chest a flattened portion of the left lung at once protruded, and lying behind it was found the stomach. It filled the whole of the pleural cavity, except the space occupied by lung. It was covered with omentum, was congested, dusky in colour, and had contracted no adhesions to the chest wall. On examination an opening was found in the left tendinous part of the diaphragm large enough to admit the thumb and three fingers. Margin of opening smooth, well-defined, and ring-like, allowing free play of gullet and duodenum; no stricture. Dr. Macnab says the question arises how this hernia took place. He says it could not have followed on the aspiration, or symptoms of strangulation would have shown themselves; it could not have taken place while the tube was in the chest, or pus would have escaped into the abdomen and caused peritonitis; it could not have occurred during the progress of the case, or the frequent auscultations would have revealed it; it could not have been caused by the violent retching accompanying the fatal illness, or there would have been evidence of laceration or effusion, whereas there were no such evidences, and the stomach had made quite a smooth-walled home for itself, and even bulged the chest wall. Dr. Macnab considers that the hernia had taken place gradually, the thinned chest wall giving way before the distended stomach, there being no superincumbent lung to retain it in place owing to the almost complete absorption of lung substance. Dr. Macnab rather sardonically remarks that "excluding the accidental hernia the case had been a perfect cure."

ÆGLE MARMELOS OR BAEL.

Sir J. Fayrer thinks that as steamers come from Bombay in twenty-six days there is no reason why they should not bring the bael fruit quite as fresh and fit for use here as in India; and it is only when fresh and nearly ripe that it is of any real value. In this state it would keep for months, and would be useful in a variety of forms of bowel complaint, as in India, especially in chronic diarrhœa and dysentery, or in irregular action of the bowels, when it not unfrequently is said to be as beneficial in constipation as in the opposite condition. Given in the form of sherbet it is pleasant and refreshing, soothing and demulcent, from its aromatic and astringent properties, and from the viscous character of the mucilage that surrounds its seeds. Sir J. Fayrer (*Medical Times*) prefers sherbet or marmalade—both pleasant—to the officinal preparation.

The bael is an orange with a ligneous rind in which there is much essential oil; its pulp is astringent, and contains numerous seeds embedded in the tenacious mucilage. It is common in India, ripens in the autumn, and could be easily brought to England in the imperfectly mature condition. The bael has frequently been described, and is well known to medical men in India as a valuable remedy—not, as sometimes supposed, in the treatment of acute dysentery, but in certain chronic forms of that and other bowel complaints. Martin, Cleghorn, Grant, Waring, Jackson and others, have spoken of its good effects. Sir R. Martin in the *Lancet* of 1853, and Mr. A. Grant in the *Indian Annals* of 1854, call attention to it. The latter says, "It is useful in habitual constipation, taken early in the morning, and also in the irregularity of the bowels attended by periods of looseness alternating with constipation as is so often seen in certain seasons in India. It has been given with good results in mucous diarrhœa, chronic diarrhœa, and dysentery."

MORTALITY OF ABSTAINING AND MODERATE DRINKING LIVES.

At the Association of Medical Officers of Health, a paper has been read by Dr. Edmunds, entitled:—"Observations on 1,000 consecutive deaths occurring within seven years after insurance in the experience of the Temperance and General Provident Institution, with notes on the comparative mortality among abstainers and non-abstainers."

Reviewing a large mass of figures, Dr. Edmunds showed that among the 1,000 deaths which he had tabulated the mortality of the abstainers in comparison to the carefully-sifted moderate drinkers was as follows among equal numbers of insurants:—

In the gross mortality three abstainers died, where four moderate drinkers died.

Of diseases of the nervous system 70 abstainers died for every 108 moderate drinkers.

Of lung disease, 282 abstainers died for every 261 moderate drinkers.

Of heart disease, 51 abstainers died for every 47 moderate drinkers.

Of liver disease, kidney disease, and "dropsy," taken together as practically the diseases of the excretory organs, 42 abstainers died where 78 moderate drinkers died.

Of zymotic diseases, 82 abstainers died where 54 moderate drinkers died.

Of casualties, 46 abstainers died where 39 moderate drinkers died.

The abstainers died of lung disease, of heart disease, of zymotics, and of casualty in larger ratio than the moderate drinkers, while from nervous disorders and disease of the excretory organs their mortality had been small. Dr. Edmunds accounted for this by supposing that persons with larger nervous energy would tax their physical frame more severely, and would run risks to life which men of less nerve would avoid. Thus the larger proportion of total abstainers died from disease of the respiratory and circulatory apparatus, in consequence of overwork, and from accidental injury, in consequence of extreme courage, or (shall we say ?) recklessness. Some interest has been excited by the figures, but we need larger numbers from which to draw conclusions on several points.

DEATHS FROM ACCIDENTAL POISONING.

During the past year, 41 cases of fatal poisoning have been reported in the *Pharmaceutical Journal*, which though not presumed to be nearly all that have occurred in Great Britain, give some clue as to the relative frequency of the fatalities from each substance and include the most interesting cases. The cases have been from arsenic, 1 ; atropia sulphate, 2 ; carbolic acid, 8 ; chloral hydrate, 4 ; corrosive sublimate, 1 ; cyanide of potassium, 1 ; an embrocation, 1 ; hemlock, 1 ; laudanum, 2 ; mercurial powder, 1 ; "nurses' drops," 1 ; opiate draught, 1 ; opium, 3 ; paregoric, 1 ; phosphorus paste, 1 ; prussic acid, 5 ; strychnia, 5 ; and teething powders, 2. Concerning these it may be remarked that carbolic acid was administered for medicine three times in public institutions, and mistaken once for cough mixture and once for water. The sulphate of atropia was in the form of eye water and not labelled "poison." The strychnia was in three cases taken in the form of vermin killer, but in one had become mixed with santonin, and a similar accident has led to two cases of poisoning in Canada during the year.

THE LECTURES AT THE LONDON COLLEGE OF SURGEONS.

Professor Erasmus Wilson began another course of six lectures on "Dermatology," on Monday, the 28th ult. ; Professor Parker will deliver a course of nine lectures on the "Morphology of the Batrachia," commencing on the 11th of February ; Professor Flower will then deliver nine lectures on the "Comparative Anatomy of Man," in continuation of his course of last year, commencing on the 4th of March ; and in June next, Professor T. Spencer Wells and Mr. B. T. Lowne, will complete the lectures for the present year, the former by a course of six lectures, the subject of which will be hereafter advertised ; and the latter by three lectures on "The Physiology of Nerve Stimulation."

PROCIDENTIA UTERI.

Dr. Matthews Duncan has begun his teaching in London, and we find in the *Medical Examiner* some of his clinical lectures reported by Dr. Clement Godson. The subject of Procidentia Uteri is one in which so many of our readers are interested that we are tempted to give a report of the lecture upon it, as an illustration of Dr. Duncan's method of teaching.

This disease, said Dr. Matthews Duncan, is of the simplest kind, purely mechanical, quite as much so as a dislocation of the shoulder, or a hernia.

Now what makes a woman's womb fall out of her body ? To investigate this, we must inquire what keeps it in its place. The most important cause is the pressure relations of the abdomen. The womb floats. Suppose in the corpse of a healthy female you open the abdomen, the womb is then always found in a state of prolapse, because the destruction of the entirety of the abdomen robs it of its support. Before the abdomen was opened the uterus was in its normal position, the fundus about on a level with the brim of the pelvis. The pressure relations of the abdomen are much concerned in keeping the great heavy pregnant uterus in its proper position. If a first year's student were asked what keeps the womb in position, he would answer, the ligaments. The idea is quite erroneous. The utero-sacral, the utero-vesical, the round and the broad *ligaments*, are not ligaments at all. If they were they would prevent the womb from moving, whereas their function is to give it unlimited motion. They stretch and give to any extent, if a due amount of time is allowed. The next force which keeps the uterus in place is the perineum, and the state of this is a very important matter in a case of procidentia. In a healthy woman the labia are separated only by a line, and between their junction posteriorly and the anus is a considerable space, the perineum proper. In procidentia it is quite different ; instead of the labia majora meeting one another, there is a great gaping orifice, into which you might put your fist ; through this the womb protrudes.

It is generally and erroneously stated that rupture of the perineum during childbirth is a great cause of procidentia. There is a wide difference between causing and facilitating an event. If you were to take a healthy woman and put a knife in at her anus, and bring it out at the fourchette, the womb would not alter its position. How do we know this ? Because nature has demonstrated it. I have seen cases where even the recto-vaginal septum was torn through, and there has not in any of them occurred a prolapsus of the womb. Therefore rupture of the perineum has nothing whatever to do with *causing* procidentia. But it has to do with *facilitating* it. The birth of a child over the perineum may be compared to the birth of the womb over the perineum. In childbirth the first thing that occasions waiting is the opening of the mouth of the womb ; the next is the relaxation of the rigidity of the perineum. Take, however, a woman who is not only a multipara, but whose perineum has been lacerated ; as soon as the head of the child gets through the os uteri, there is nothing to stop it. So it is with the womb when it reaches a state of prolapsus ; the perineum having been torn, there is nothing to stop it, it is outside at once. Procidentia is therefore more likely to occur to a multipara than to a primipara, but even a virgin may suffer from it, and I have seen it before menstruation has commenced.

As to the anatomy, the first point is this—that the disease is called procidentia of the womb, and if you allow the name to guide you as to its anatomy, you will form a most erroneous idea as to the nature of the disease. In such a disease as that we are discussing, there is procidentia of the womb, vagina, bladder, part of the rectum, of the ovaries, of the bowels, of the liver ; and the womb is generally the organ that notably refuses to go down, and the disease might be called procidentia of any organ as truly as of the womb.

The common idea is that the whole womb protrudes beyond the vulva. This is, however, not often the case ; generally there is tensile elongation of the neck of the womb, the fundus remaining within the pelvis. The uterine probe passes in five inches, instead of two and a-half, as in the case we have under consideration. The organ, therefore, that chiefly refuses to descend, is the womb, and yet it gives the name to the disease. It is of great importance to know the ordinary anatomy of this disease. Almost invariably the bladder comes down. It is so closely connected to the uterus, that as the neck descends it pulls the bladder down with it. The bladder will be found in front of the anterior cervical lip—not invariably so, but I have never seen a case without it. The vagina is inverted. As regards the rectum, it is seldom found down ; sometimes a little pouch is found, which is of extreme importance in connection with difficulty of defæcation.

The *symptoms*, in regard to the patient, are the most important of all, and they form a matter to be very carefully considered in connection with doctrines now entertained regarding displacements of the womb. I have no intention here of expressing any opinion regarding uterine displacement doctrines generally, except that procidentia has a most important bearing on these doctrines, which say that the slightest change of position, a little curve, gives rise to the gravest symptoms. Now procidentia is a displacement of the most extreme kind, and what symptoms does it produce? Why, frequently none at all. The uterus of the woman of whom I am speaking was not only procident, but it was acutely retroflected. Here was a displacement of the most aggravated kind, and yet the patient complained hardly at all of pain; her trouble was that the womb fell outside when she walked; it was the mechanical inconvenience which disgusted her. One has only to look at the woman, to see that she is in blooming health.

If the disease be mechanical, so must the treatment be mechanical. You would not treat a dislocation of the shoulder by administering medicines. The case before us was not one of an aggravated kind. When the woman was lying down, the disease was cured. The pressure relations of the abdomen became at once changed. If we knew—some day we may—some method of influencing these pressure relations of the abdomen, we might cure this disease by such means. If fat occur in the anterior wall of the abdomen and not in the omentum, the womb is generally found very high up. We do not know yet how to produce fat in this situation, so we must resort to simpler methods.

One of these is a pessary. Certain shapes take fixed points on the walls of the pelvis, and form a shelf on which the womb rests, and cannot get beyond.

Another method, and one especially applicable to unmarried women, or after the child-bearing period, is to nearly close the orifice through which the womb comes out, not strictly to restore the perineum, but what is termed episioraphy. When the operation is finished, the mouth of the vagina is contracted, and there is no great gaping orifice. So long as it keeps like this, the womb cannnot come out.

A third method is the T bandage, which is very valuable in a case of this kind as an adjuvant. Suppose that the door behind me is open, and I stand in the doorway, if some of you endeavour to get out of the room through it I cannot prevent you; you will push by me on one side or the other. So it is with the gaping orifice of the vagina, the T bandage will not prevent the womb from forcing its way out on one side of it. But suppose I perform the operation of episioraphy, this is equivalent to shutting the door. Then the T bandage acts like the hand placed against the other side of the door, it exerts a force which counteracts the pressure from within, and so the escape is prevented.

LEPROSY.

DR. LABONTE, from observation and local experience of this disease in the Mauritius, concludes, in the *Edinburgh Medical Journal*, September, 1877, that it is a dyscrasia. That its incubation is uncertain, being met with at different periods of life, but the period of puberty would seem to be most favourable for its development. That sex has no influence over the disease. That habitual residence, so far as the population is concerned, is of no consequence. That Asiatics and creoles are especially liable to it, but that Europeans are under the same liability when in the colonies. That diet influences the disease, low as high living being equally bad. That the poison of syphilis concurs in a large number of cases to produce results very similar to what that of leprosy itself produces. That his experience does not warrant the opinion that the disease is catching, but direct inoculation is, to his mind, a certain way of transmitting it from the sick to the healthy, and vaccination is one of the means by which this is effected. That, finally, the disease is hereditary beyond doubt.

Dr. F. H. Enders, who has seen over 400 cases, writes in the *Louisville Medical News* that he is strongly inclined to the belief that it is "an offspring of syphilis," for he has found but two lepers in which there could be a doubt of the pre-existence of syphilis. He has seen only four cases among Europeans, but finds it most rife where there is most prostitution. He believes that the disease is hereditary, but has not formed a positive opinion as to its contagiousness. Since the establishment of the asylum of segregation, and the strict enforcement of the health laws, he states, the number of cases at large is very small, and the disease is upon the decrease.

In reference to this opinion, we should not forget that the natives of the Hawaiian Islands are thoroughly syphilised. That the disease is very frequently, perhaps most generally, communicated, like syphilis, by sexual intercourse is an opinion gradually growing.

TREATMENT WITH GURJON OIL.

Surgeon-Major Hodder, A.M., M.D., in his "Medico-Topographical Report on the Andaman Islands," describes the treatment of leprosy by gurjon oil, as practised by Dr. Dougall, senior medical officer, Port Blair and Nicobars. Not finding the mixture of gurjon and cocoa-nut oils satisfactory, Dr. Dougall recommends three parts of lime-water to one part of gurjon oil, which forms an ointment painless in its application to healthy skin. An emulsion of equal parts of the same ingredients is also used for internal administration, in half-ounce doses, morning and evening. The following is the plan now adopted:—The lepers turn out at daybreak, and thoroughly wash themselves at a stream, employing powdered earth as a detergent. On returning to their ward they receive their dose of emulsion and then rub their whole body with the ointment. At 3 p.m. the second dose is given, and the rubbing repeated for two hours. No change is made in the diet of the patients. Dr. Dougall attributes much advantage to the prolonged process of rubbing, on account of both the physical exercise and the mental occupation involved. The emulsion acts as a laxative and a diuretic. Twenty-four lepers have been treated, and in every case with much benefit. The treatment has, it is stated, enabled men who for years had dragged on a miserable existence to engage willingly in active employment.

Dr. Liveing has reported to the *Medical Times* a case of the tuberculated variety of elephantiasis Græcorum occurring in Guernsey. He traces it to heredity. The man has somewhat improved while taking gurjon oil.

LUPUS.

DR. PIFFARD gives the following statement of his experience of treating lupus in various ways:—

	Successful.	Unsuccessful.
Scraping and chloride of zinc ...	0	4
Chloride of zinc (lesion very small)	1	0
Scraping and nitrate of silver ...	0	1
Actual cautery	4	2
Excision	6	2
Excision and actual cautery ...	1	0
Scraping and actual cautery ...	4	0

He prefers the method of thoroughly scraping out as much of the lesion as possible, and then cauterising the floor and edges of the wound with the actual cautery at a white heat. Success is in direct proportion to thoroughness of removal of the lupous cells.

BATHS.

M. CORRY writes forcibly in *Le Mouve. Méd.* against the exaggerated notions abroad of the value of baths, and says that in the few diseases in which they are of any service their action is never curative; they cleanse the skin, and may destroy parasites of an animal nature, but have little effect over those of a vegetable nature. In scrofulous and syphilitic diseases baths, by their tonic and stimulating effects, are often good adjuvants to general treatment. Their local influence in dry forms of eruption is purely hygienic, and in no way curative, while in the moist forms they are nearly always an obstacle to recovery.

Dr. Hans Hebra, on the other hand, uses the continual bath of his father. He gives a general description of the bath and of its physiological effects in the *Weiner Med. Wochenschrift*, No. 36, 1877. It consists of a tub well supplied with woollen and linen coverings, upon which the patient rests, with pillows, and with the proper means of regulating the temperature of the water. In this water-bed the patient, if accustomed to lie in bed, is as comfortable as in a dry bed. The appetite, stools, and urine are normal, the respiration is natural, and there is none of that weakness observed which is supposed to result from a prolonged bath. During the first four or five days there is no change in the skin, excepting a slight sodden condition of the epidermis of the fingers and toes. After this time, with nearly all persons, especially with those having corns, there is severe pain for some days in the soles of the feet. In patients with tender skins there is often developed between the eighth and fourteenth day a more or less extensive artificial papular eczema, accompanied by severe itching. Rubbing with oleum rusci always suffices to make it disappear in a short time. This is the only disturbance, local or constitutional, which has ever been observed among some five hundred persons who have used the bath for continuous periods varying from a few days to three or four months. Among the patients were many women, in whom the function of menstruation went on without disturbance.

AFFECTIONS OF THE NIPPLE AND BREAST.

Dr. E. W. Sawyer (*Chicago Medical Journal*), in a lecture on the above subject, refers to a novel method of treatment. It consists in finding an orifice upon the top of the nipple corresponding to the affected lobe, and introducing therein a probe and pressing it deep into the duct to overcome any obstruction.

INTUSSUSCEPTION OF THE ILIUM.

Dr. Willoughby (*The Canada Lancet*) narrates the case of a farmer who, suddenly attacked with symptoms of obstruction, died in four days. Four of the patient's family had died from the same accident. The question raised is: What was the peculiar constitutional disposition (if any) that so many of one family should have fallen victims to incarceration of the bowels?

SPASMODIC STRICTURE.

Dr. Otis (*Boston Med. and Surg. Journal*) is at issue with authorities—as Sir Henry Thompson, Dittel, Bumstead, and others—as to the transitory character of the obstruction liable to be caused by urethral spasm.

He believes that a spasmodic contraction possessing all the recognised characteristics of a deep organic stricture, including the persistency of the latter, can be kept up by reflex irritation of the urethra, originating in contraction of the meatus or in slight (that is wide) organic stricture of the anterior portions of the urethra. In corroboration of this view he adduces six remarkable cases in which the following phenomena, among others, were observed:—"1. A gradual diminution of the stream of urine. 2. Persistent frequency of micturition. 3. Persistent resistance to the introduction of large instruments in the hands of skilled surgeons. 4. Distinct grasping of small instruments, and a gradual toleration of instruments of increasing size, in this so perfectly simulating the behaviour of true organic stricture that the most skilled and learned surgeons have been deceived by these conditions. 5. The persistence during a long period of years of all the symptoms which are recognised by authorities as characteristic of organic stricture.

IODOFORM IN THE TREATMENT OF ORCHITIS.

Dr. Julian Alvarez recommended some time ago, in *La Independencia Medica*, iodoform in blennorrhagic orchitis as superior to belladonna, cicutine, opium, or other alkaloids. An ointment containing one to two parts of iodoform to thirty of the vaseline would be a suitable form.

NITRITE OF AMYL IN AGUE.

Dr. W. E. Saunders, of Cosham, Hants, writes to the *Lancet* that nitrite of amyl by inhalation will cut short the cold stage of ague. Two minims are sufficient, and this can be repeated if needful. He wrote on the subject in the *Ind. Med. Gaz.*, November, 1876, and now repeats his conviction, and hopes others will try the drug.

CASES OF DOUBLE UTERUS AND VAGINA.

Dr. James R. Chadwick (*Boston Med. and Surg. Journal*) states some interesting cases of the above freak of Nature.

TOPICS OF THE TIME.

PROGRESSIVE PERNICIOUS ANÆMIA.

The attempt made by Gusserow, Biermer, and others, to establish a new form of disease under this term is not to be allowed to pass without protest in several directions. At an early stage of the discussion it was shown by Dr. Wilks that English observers had remarked upon certain cases of anæmia so progressive and so intractable, as almost to deserve the term malignant. They were not of frequent occurrence, their origin could not be exactly made out, and experience caused them to be regarded with considerable interest as cases which without any obvious reason were likely to terminate fatally. Where, then, extreme impoverishment of the blood took place, for which no cause could be assigned, German pathologists were inclined to regard the anæmia as essential, and the disease as a definite one. Happily, however, some of them determined to search for anatomical lesions, in consequence of which several changes have been described, from which it is perhaps but natural to conclude that the anæmia, as might have been expected, may be associated with various conditions. To us it appears a retrograde movement to erect a symptom, or even a group of symptoms, into a new form of disease. Desirable as it is to recognise the clinical import of such a state, it by no means follows that that import is the result of a definite lesion. In truth, some of our German *confrères* may well be convicted out of their own mouths, for they confess to having sought for indications of cancer in some obscure situation after death, and only to have satisfied themselves by the negative evidences of the autopsy that the cases were true pernicious anæmia. Other instances are recorded which would have passed in the last generation as chlorosis or cachexia; others have evidently arisen in the puerperal condition; others have been associated with dyspepsia, with diarrhœa, with hæmorrhages, and other more or less definite lesions. The majority of cases have occurred in females, but some in males. Thus Immermann described a case in a young man of eighteen, and Lebert gives one in a man of forty-five. Biermer, in 1868, spoke of a very frequent lesion, but perhaps not constant as a granular fatty infiltration of the musculi papillares of the ventricles of the heart—especially of the fibres situated immediately beneath the endocardium—but which degeneration rarely invaded to any extent the whole of the muscular structure of the heart. He also observed an alteration of the lining membrane of the smaller vessels in various organs. To this he attributed the hæmorrhages which have sometimes taken place. To some other lesions which have been described we have formerly had occasion to refer.

The pallor, the emaciation, the debility which characterise these cases are generally extreme when first seen, and yet they seem steadily to augment, marching with a step that can only be compared to that of malignant disease. In spite of all remedies the patients get worse until they fall into coma or delirium and die. Usually the temperature rises towards the close to 102° or 103° Fahrenheit, though in some cases it has fallen below the normal. It may rise as high as 104° Fahr. It is this fever which has been put forward as almost pathognomonic, or at least as the most distinctive diagnostic point. And yet even this is not continued, but almost always marked by remissions. In fact, it will appear to many practical physicians as one of the most ordinary symptoms of wasting diseases *at a late stage*. We should be sorry to discourage any attempt to accurately define the cause of pyrexia in anæmia or in any chronic wasting disease, but we may certainly be excused for remarking that it is a familiar clinical fact. Indeed, feverishness in such cases was recognised before it became customary to measure it by the thermometer. Even Immermann in his last article on the subject contained in the new volume of Ziemssen's "Cyclopædia," only just published, seems to think that the anæmia may be itself the cause (p. 592) of the febrile paroxysms. We would add that other debilitating and rapidly progressing morbid conditions do also give rise to such pyrexia.

Is it right to recognise progressive pernicious anæmia as a definite disease? Convenient as it may be from a clinical point of view to associate cases resembling each other, we feel that the only way to increase our knowledge of them and to stimulate study is to seek diligently the as yet undiscovered cause of the symptoms. We do not doubt that more careful observation will help to differentiate some of the instances, and to assign them their true position, and therefore we feel inclined to go a long way with French authorities who for the most part utterly repudiate the notion that such a disease as essential pernicious anæmia exists. Thus M. Brissaud, in *Le Progrès Médical*, after a careful examination of the question, concludes that there is nothing in this pernicious anæmia which can be called pathognomonic, no constant anatomical lesion, and nothing characteristic in the series of phenomena observed. Since then M. Ricklin, in a thesis submitted to the Paris faculty, has criticised with considerable acumen all the published cases, and attempted to show that they are all of them examples of well known diseases, and this opinion he has maintained more recently with a new array of facts in the *Gazette Médicale de Paris* (Nos. 24 and 25, 1877). First of all he rejects cases in which recovery is reported to have taken place as obviously neither progressive nor pernicious. Secondly he rejects cases in which no autopsy has been performed, and cites a remarkable case in M. Sée's clinic, which for more than a year presented no sign whatever save progressive anæmia, but in which after death a cancer of the stomach was discovered. Again, says M. Ricklin, puerperal chlorosis has long been recognised, and some of the cases recorded are those of women living in the worst hygienic conditions, having rapid successive pregnancies, and whose hearts after death were found to be fatty. No less than twelve cases were connected with affections which might themselves prove fatal—cardiac, carcinomatous, &c. One was a case of empyema. Then he would separate the cases in which an alteration of the marrow of the bones has been discovered, as myelogenic leukæmia. Again, the intestines should be carefully examined, as some of the cases strongly resemble the intestinal leukæmia described by Béhier. Some fourteen cases may thus be eliminated, to which may be added one by Dr. Litten, lately published in the *Berl. Klin. Woch.*, Nos. 24 and 25. Lastly, we may reject some cases in which interstitial nephritis probably existed, some in which alcohol has had a share, and others in which poverty, insanitary conditions, and more or less distinct diseases have played no small part.

The natural conclusion from the reasoning that has preceded is that the so-called pernicious progressive anæmia should be regarded rather as a symptom than as a disease—that it is due to different diseases, and that its importance is to be gauged by the cause that gives rise to it. In the few instances in which it cannot be traced to some definite disease it may be permitted for clinical purposes to group similar cases together; but this should not lead us to slacken our efforts to assign to each case its true origin, and to classify it accordingly. That such an effort is likely to be seconded is to be learned from M. Lepine, who rejecting *in toto* the term pernicious anæmia, has shown that the cases in which there was found a considerable accumulation of leucocytes in the marrow of the bone, should be grouped together as a distinct series—*myelogenic leukæmia*. It is right, however, to add here that our German *confrères* fully recognise these cases. Indeed, Immermann's third case related in his paper was such an one in which he even suspected it during life through the exaggerated sensibility in the bones which was first pointed out by Mosler as likely to be present. In this case the suspicion was found on the autopsy to be correct, but this fact is a strong confirmation of our argument.

At a recent clinical conference at the Lariboisière, reported by Dr. Lucas-Championnière in his practical journal, we find that M. Raynaud has added his voice to that of most French pathologists and physicians in favour of the view we have supported above. However intense the anæmia, however great and even progressive the debility, M. Raynaud thinks it better to avow ignorance of its cause in any case or series of cases than to endow a group of symptoms with a morbid entity, and so discourage the prosecution of inquiry. The fact that "Egyptian chlorosis," of which anæmia is the chief symptom, has been traced to the presence of a worm—the *anchylostomum duodenalis*, and that the obstinate diarrhœa, with its profound anæmia so common in Cochin China, has been found dependent on another parasite, the *anguillula stercoralis*, should stimulate us to renewed search and the persistent endeavour to trace to its cause every case of grave anæmia with which we may have to deal.

TRACHEOTOMY IN DIPHTHERIA AND CROUP.

We have had occasion again and again to notice the discussions that frequently arise on the various points that relate to croup and diphtheria; they are continally cropping up. Now it is in London, then on the Continent—anon in America. So often have we had to do this, that we cannot pass by the last public debate which occurred in Dublin in December last, and was brought about by a case related by Surgeon-Major Quill at the Surgical Society of Ireland.

A large number of speakers gave expression to their opinions, and we think that the result will be to encourage the operation of tracheotomy in some desperate cases. Dr. Quill called his case diphtheria, and the appearance of paralysis of the soft palate some days afterwards supports this diagnosis; but there will not be wanting those who will point out how similar the case was to what is commonly called croup. This last term Dr. Quill would gladly see expunged from our nosology, but others put in a plea for it as most useful, and there are a number of cases of which the word diphtheria would, if used, convey a more inaccurate impression. The case in question was a single one, did not spread, had not been contracted from another, was in a robust boy, and death was imminent from blocking of the air tube by false membrane, which came off as a cast. This would by many, therefore, be called croup. They would deny that such a membrane was diphtheritic. We should ourselves term it croupal diphtheria. But the case itself is of such interest that we will give the graphic account of it from the *Medical Press* in Surgeon-Major Quill's own words:—

> On the 12th June, 1876, while in medical charge of the 17th Lancers, I was asked by one of the officers of that regiment to see his child (a boy aged 5½ years), who was supposed to have a *sore throat.*
>
> At my visit, I found the child to be suffering from what was, to all appearances, a severe attack of *Tonsillitis.* Both tonsils were much enlarged, almost meeting in the middle line; at this period of the case there was not the slightest appearance of false membrane, nor was respiration interfered with in any way, and in point of fact, the child felt so well that his parents found it a difficult matter to keep him within doors, more especially as he was by nature headstrong and obstinate.
>
> My recommendations were that the boy should be at once put to bed and kept there; that hot linseed meal poultices should be kept constantly applied round his throat; and in addition prescribed a few grains of calomel and James's powders, to act on his bowels and skin; diet to consist of liquid nourishment, such as milk, chicken-broth, beef-tea, &c.
>
> Before going further in the case, I should like here to interpolate that I had no grounds for supposing that my case would possibly turn out something more serious than the trifling tonsillar affection; there were at the time no cases of diphtheria or other throat affection in barracks, nor *had* there been any, so far as I knew.
>
> Apologising for this digression, which, however, I think was necessary, I will now proceed with my notes of the case:—
>
> On the 13th inst (*i.e.*, the next day), there was no appreciable change for better or worse in the progress of the case; but on the following day, the 14th inst, there was, for the first time, *slight dyspnœa.* On examination of the throat, I found nothing to account for this symptom, except the excessive tumefaction of the tonsils, which now so completely blocked up the faucial passage that it was impossible to see the condition of the pharynx. There was no cough, and the nourishment ordered was taken without much difficulty.
>
> June 15th.—The dyspnœa was found to be much increased this merning; the respiration being in fact *stridulous*, leaving no doubt in my mind of the inflammation having extended to the larynx.
>
> Examination of the throat (which was effected with great difficulty) revealed that the still tumid tonsils were now spotted here and there with whitish patches. I lost no time in seeing my friend Surgeon-Major Johnston in consultation, who agreed with me as to the serious nature of the case, and in the necessity that existed for the employment of more active treatment than had hitherto been adopted, owing to the case having been apparently "tonsillitis," an affection requiring time and nursing more than medicine for its removal.
>
> The treatment decided on was, the constant inhalation of steam, by means of a special apparatus; the alternation of hot stupes and hot linseed meal poultices to the throat; the application to the tonsils and larynx of a very strong solution of nitrate of silver; and, looking to the lusty, plethoric child we had to deal with, we thought it judicious to prescribe the administration of ¼ of a grain of tartar emetic every third hour, until nausea was produced
>
> We also recommended that the child should be placed in a *hot bath,* whenever a dyspnœtic paroxysm of more than ordinary severity occurred.
>
> 16th.—The treatment employed failed to exercise any check on the progress of the disease, the child being, on the contrary, considerably *worse;* (*a*) for now the face was somewhat congested; (*b*) the air was drawn into the lungs with an intensely stridulous sound; and (*c*) the paroxysms of dyspnœa were steadily increasing in length and severity.
>
> Under these circumstances, we had the advantage of bringing to our councils Dr. Banks; and careful consideration unanimously decided—the child's parents not objecting—on the necessity that existed for the immediate performance of tracheotomy.
>
> No time was lost in proceeding to operate, but before any step in the matter could be taken, a fearful paroxysm of dyspnœa came on, during which the face and lips became completely livid, the eyes protruded, respiration ceased, the child became insensible, and was, apparently, dead. At this anxious movement, Dr. Johnston (with the assistance of Dr. Banks and myself), opened the trachea (the child being quite unconscious to the proceeding); immediately out rushed with great violence the pent up air, bearing with it a quantity of bloody mucus, and several unmistakable pieces of diphtheritic false membrane.
>
> The change which now took place in the child's appearance was something marvellous; the livid purplish aspect of the face gave place, like magic, to the hue of returning life; with a long-drawn inspiration the child opened his eyes (which we all had feared were closed for ever), and gazed wildly about him, trying apparently to comprehend what had happened.
>
> Without loss of time, the operation was completed by Obré's double tracheotomy tube being introduced into the trachea, and securely tied in there by tapes passing round the neck.
>
> The child now breathed freely through the tube, and on being put to bed, almost immediately fell into a calm sleep.
>
> 18th.—Until the 18th of June, *i.e.*, the second day after the operation, the progress of the case was in every respect most satisfactory. On that day, however, an alarming paroxysm of dyspnœa *suddenly* supervened, the child, in the space of a few seconds, becoming almost moribund. Dr. Johnston, most fortunately, happened to be present, and succeeded after a few anxious moments in freeing (by means of the feather end of a long quill pen), the obstructed tube; a violent expiration followed this manœuvre, during which "a perfect cast, in false membrane, of the lower portion of the trachea and upper

portion of right bronchus was forcibly expelled," immediately upon which the dyspnœtic paroxysm ceased.

This cast of false membrane measured some four inches in length, but, I regret to say, it was not preserved. It was a most faithful model of the lower portion of the trachea and adjoining portion of right bronchus, and would, I think, convince the most sceptical of the diphtheritic nature of our patient's disease.

I will not, sir, take up your time by detailing the subsequent daily progress of the case, inasmuch as it was, so far as could be expected, in all respects satisfactory.

Nor will I relate in *extenso* the treatment carried out after the operation; it would be tedious my doing so; consequently, I will only say that the most assiduous care on our part was bestowed on it, *especially* in the matter of not admitting to the lungs any air before it was duly warmed, and the constant keeping of the tube sweet and clear.

The tube was removed on the evening of the 5th day after the operation, but had to be re-introduced on the following day, owing to a slight return of dyspnœa.

Having to accompany the 17th Lancers to England on the 23rd inst., Dr. Johnston kindly took charge of the case during my absence, and I am indebted to him for the notes of the further progress of the case to a happy termination.

25th.—On the 25th inst., difficulty of swallowing gradually came on, and increased to such a degree that the child had for several days to be nourished entirely by nutrient enemata.

28th.—The tube was finally removed to-day, without the respiration being in the least interfered with.

My note on the 10th July is :—

"The dysphagia has entirely ceased; the tracheal aperture has almost completely closed, articulation is rapidly become quite distinct, and the child's general health is excellent."

22nd.—On the 22nd July, the boy accompanied his parents to England quite convalescent, and is (so far as I know) at the present time perfectly well.

In recording the case just read, I must confess to a feeling of intense satisfaction at its happy result.

The facts of the case, accepted with all proper reserve, possess in my judgment a practical value which deserves to be earnestly enforced, inasmuch as they ought to help in dispelling the idea, far too prevalent I fear among our profession, "that tracheotomy must be looked upon as simply *palliative*, when false membranes have extended into the trachea."

Besides the remarks we have quoted, the author gave a number of observations on the points involved which we have not space to quote. Suffice it to say, that they were not so likely to call forth differences of opinion. Mr. Croly took much the same view of the relation of croup and diphtheria as we have expressed. Dr. H. Kennedy holds that the two affections were quite distinct. He referred to an opinion he found expressed at the same Society, as also did Dr. Thompson, who advocated tracheotomy in even desperate cases. Surgeon-Major Johnston who had operated, gave some details, from which it appeared that the child did not draw a single breath while it was being done, and that there was almost a hesitancy to complete it. Such a fact must be encouraging to those who will give this chance to moribund patients. A letter from Prof. Spence was read to the Society. His success has reached one in three, and he holds that the surgeon ought to operate as soon as it is evident the chest is not expanding naturally, adding, "I have no love for the operation; I would rather do any other in surgery, but a sense of duty forces me to give the chance for life." We need not quote Trousseau and other advocates for early operation. The great point is not whether there are two diseases, in one of which it is more successful than the other; but whether the patient in a given case is dying from a mechanical obstruction to respiration. If so, it seems natural to open the air-tube below (if possible) the obstruction. No one would suppose that the operation would rescue from death by exhaustion or blood-poisoning. It should be added that this case proves, as others do, that there may be false membrane below the incision, and yet the operation may succeed. Moreover, low down the membrane is less solid, less adherent, and is more easily expelled through the artificial opening than through the natural passages. The narrow glottis is after operation no longer the sole channel for air, and the larynx obtains rest, so powerful a help towards its recovery from the damage it has sustained.

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THE ACTION OF SALICYLIC ACID UPON THE BLOOD, AND ESPECIALLY UPON THE CORPUSCLES.

M. S. Cotton, in a paper appearing in the *Lyon Médical* (December, 1877) gives the following as his conclusions on this subject :—

Salicylic acid acts upon the blood in two ways —

1. As a coagulative.
2. As a conservative.

1. As a coagulative its action is so slow as to permit the phases of the reaction to be followed. It thus distinguishes itself from a certain number of other coagulatives, such as perchloride of iron, bichloride of mercury, alcohol, &c., whose effect is instantaneous. The action of salicylic acid is more rapid on the cruor than upon the serum of the blood.

2. As a conservative salicylic acid has the advantage over other antiseptics, in that the blood-corpuscles are so preserved that they can be recognised for an indefinite period.

The following are some of the observations made by M. Cotton :—

1. Fresh blood, with salicylic acid added in sufficient quantity, soon contracts into a thick mass of a dull hue, in which it is impossible to recognise the characteristic colour of the blood, and the hæmatin becomes completely insoluble in water.

2. This mass is entirely hardened in a few hours to the extent of becoming as friable as non-defibrinated blood, when acted upon in a similar manner.

3. The maximum quantity of salicylic acid necessary to obtain this result is about five per cent. for the blood of all animals so far experimented upon.

4. With defibrinated blood the proportion of three per cent. is that which most rapidly solidifies the residuum.

5. Examined then by the microscope, the corpuscles appear quite sound without having changed their diameters; but, besides, there is a trace of the central depression. The corpuscles are quite spheroidal, for in forming themselves into rouleaux they maintain in every sense the same appearance and the same dimensions.

6. When these corpuscles, saturated with salicylic acid, are treated with ammonia, instead of disappearing almost instantaneously, as do the normal cor-

puscles, they swell out, little by little, to the extent of acquiring a size a third greater than that of their usual diameters. They disappear afterwards gradually in twenty or thirty or more minutes.

7. The rapidity of this disappearance varies a little according to the nature of the blood experimented upon.

8. The action of acetic acid upon the corpuscles of the blood is considerably retarded by the combination of the latter with salicylic acid.

9. Human blood mixed with salicylic acid in the proportion of five per cent. mentioned before, and placed in a vessel for experiment without any precaution, has been spontaneously dried by the air during the heat of May and June. At the end of this time the residuum, also dried, has been placed for maceration in distilled water during all the month of July, the water being replaced according to its evaporation. At the close of this destructive treatment the corpuscles appeared almost as numerous as the first day, but hardened and indented. Treated with ammonia, the corpuscles swelled out little by little, and acquired, before disappearing, the same volume as in the first case, that is to say, in the experiment with the corpuscles recently saturated with acid.

10. The dried residuum, of which we will now speak, has remained all the time in distilled water without giving up the least trace of colouring matter. Water does not more affect recent residuum.

11. Alcohol, on the contrary, removes in the two cases the colouring matter, which gives to the spectroscope the hæmatinic rays in the acid solution.

12. So, then, salicylic acid destroys the hæmaglobin, and transforms it, as the other acids, into hæmatin.

13. Defibrinated blood, with the addition of less than five per cent. of salicylic acid, behaves according to its animal origin.

14. Human blood, for example, solidifies more rapidly than the blood of the sheep, and this last more quickly than the blood of the ox or of the calf.

15. Human blood, also, when acted on by a like quantity of acid, preserves the longest without becoming mouldy.

16. The examination of white corpuscles.

The proportion of one per cent. of salicylic acid added to the blood presents a particular interest and worthy of notice. Such a mixture undisturbed, exhibits the white corpuscles as well as the globulin with extraordinary clearness. They shape themselves upon the red corpuscles with their usual diameters, having a double circle at their periphery, whilst their centres are perfectly clear. This double circle persists alike with artificial as with natural and diffuse light.

This is certainly not an optical illusion, as we might be led to believe; but it appears to me that there is there the indication of a double membrane enveloping the white corpuscle, a double membrane which hitherto has escaped the notice of the physiologist.

I base my opinion on the following fact. When the slides of the microscope, carrying the white corpuscles already prepared, are left to a spontaneous dessication, it sometimes occurs that the two membranes do not contract uniformly; that of the interior remains circular, while that at the periphery becomes polygonal, and the facets of this polygon now touching the inner circle, there is very faithfully represented the geometrical figure of a circle inscribed in a regular polygon.

17. A portion of acid less or greater than one per cent. gives no better result in experimenting on the white corpuscles.

18. In conclusion, one per cent. of salicylic acid added to blood makes the white corpuscles very distinct, and aids in their enumeration, as regards the red corpuscles, by the process of MM. Hayem and Malassez.

The study of globulin by this means is also rendered much more easy.

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PROFESSOR CHARCOT ON PULMONARY TUBERCULOSIS AND CASEOUS PNEUMONIA.

Professor Charcot's views have often been alluded to in the columns of The Doctor. During the month, a condensed account of his recent course of lectures on tuberculosis and caseous pneumonia has appeared in the *Medical Times*. As it is impossible further to abbreviate, we place before our readers the work of our contemporary :—

Before treating of pulmonary tuberculosis, a short description is offered of the anatomical characteristics of tubercle in general. The well-known tubercular nodule — grey, semi-transparent, resistant to the touch — which may be met with in any organ, is composed of an aggregation of much smaller nodules, which may be termed *elementary tubercles*, or *tubercular follicles*. These may be best studied by examining the tubercles sometimes found in the middle of the granulations of fungous arthritis. On subjecting these to a high microscopic power, the elementary tubercles will be seen to be composed of three distinct parts—an *external* zone of small round cells of an *embryonic* type (*i.e.*, with a nucleus very large in proportion to the size of the cell), but smaller, closer, more confluent than in ordinary granulation tissue; a *middle* zone of cells, larger than those just mentioned, and corresponding to the *scrofulous* cell of Rindfleisch; whilst the *centre* is occupied by one immense cell of granulated protoplasm, having twenty, thirty, or even forty nuclei ranged in regular order just within its periphery. This cell sends out processes which seem to dip into the body of the tubercle. This is the giant-cell, to which so much importance has of late years been attached. There is, in addition, a stroma, of soft protoplasmic material, or in some cases of distinctly fibrillary substance, which connects together the various histological elements of the tubercle. The tubercle assumes a cellular or fibrous form, according to the nature of the stroma and the relative proportion it bears to the cellular element. The only remaining character to be mentioned is the central opacity, the result of vitreous or caseous degeneration. This begins with the giant-cell, and extends outwards from it, leading to fusion of the cellular elements, and their infiltration by fatty granulations. The breaking down of such patches gives rise to cavities.

None of the elements of an elementary tubercle can be looked upon as truly specific, for, on the one hand, the giant cell is sometimes absent in tubercle, whilst, on the other, it is met with in elephantiasis, in lupus, in syphilis, &c.; there is manifestly nothing specific in the cells of the middle and outer zones, and the stroma is just such as is seen wherever embryonic tissue is in process of evolution. The tubercle, however, is embryonic tissue of a very special kind, and it has the following distinguishing characteristics:—(1) Its nodular form and the concentric arrangement of its elements, (2) the absence of vessels, (3) its tendency to vitrification or caseation, (4) the frequent existence of giant-cells. This giant-cell has recently been shown by Brodowsky to be analogous to the protoplasmic formations from which the blood-vessels take their origin. Thus the tubercle has the elements of blood-vessels arrested at an early stage of development.

The agglomerated tubercle, as seen by the naked eye, is composed of elementary tubercles surrounded and united by a common zone of small cells. The agglomeration may reach the size of a hazel-nut, or even of a walnut. Such masses may be met with in the kidneys, the bones, and sometimes in the lungs. When met with in complex structures, such as the internal organs, tubercle presents two further characteristics. (1.) It tends to accumulate round the tubular elements of the organ—in the lung, round a bronchus, as in the broncho-pneumonic form of phthisis; or round a vessel, which is its most frequent seat in acute general tuberculosis; or round the lymphatics in the interlobular cellular spaces. (2.) It extends by involving and assimilating the neighbouring tissues, which then become an integral part of the growth.

The *mode of invasion* can be ascertained by examining the periphery of a tubercular mass, say in the lung. Little processes can be seen budding out from the mass. These encroach on an alveolar cavity, pushing aside and squeezing the epithelial cells, and finally they completely fill the cavity. This method of invasion is seen both in acute pneumonia and chronic phthisis. As before said, in the lung the tubercle most frequently accumulates round the bronchi, especially the terminal branchioles, but it rarely surrounds them completely; much more frequently it forms a crescentric agglomeration on one side. Should it soften and burst into the bronchus, we have a small lateral cavity. The alveoli which surround this tubercular centre, which has, perhaps, broken down at one point, show scarcely any signs of epithelial irritation or of inflammatory exudation. We may thus, M. Charcot says, exclude catarrhal pneumonia from the process. According to him, this is a condition much more frequently met with in chronic tuberculosis with excavations than is generally believed.

We are now in a position to pass on to the inquiry into the real nature of caseous pneumonia. Pathologists have been divided into two great schools on this point: one school, with Laennec at its head, maintains that tubercular material is found in the lungs under two aspects—(1) as a grey, semi-transparent material, of a consistence a little less than that of cartilage, representing the first stage of alteration; (2) at a later period of development it exists as a yellow, opaque, friable substance (crude tubercle), which eventually breaks down from the centre to the periphery, and gives rise to cavities. The tubercles may be present in the organ either as isolated rounded bodies (miliary tubercles), or infiltrating *en masse*, a variable number of alveoli (grey or yellowish-grey infiltration). As to the *tubercular nodule*, such as is described at the present day, Laennec only recognised it under the form of the "grey granulations" described by Bayle, which the latter author looked upon as absolutely distinct from the tubercular matter of Laennec. Laennec considered these to be rare in tuberculosis of the lung.

The other school, led by Virchow and Reinhardt, maintains that the grey or yellow tubercular matter of Laennec has nothing in common with tubercle, but that it is the result of an inflammatory process, differing only from simple inflammation in this—that the inflammatory products, instead of being reabsorbed or carried off in the sputa, suffer, at a given moment, a special modification called caseous degeneration. These products, at first grey and semi-transparent, correspond with the grey tubercle or grey infiltration of Laennec; when, at a later stage they become yellow, they answer to the crude or yellow tubercle of Laennec. Under the name of *caseous pneumonia*, then, is included nearly all that Laennec attributed to the growth of *tubercular matter*.

Dr. Charcot has been led by his own researches to abandon this latter doctrine, which he was never able to accept heartily, and the opinion which he wishes to lay down in his lessons may be summed up as follows:—

1. Yellow solidification of the lung in phthisis, whether acute or chronic, is not the result of the metamorphosis of the products of ordinary inflammation. It represents the *central caseous degeneration of a tubercular agglomeration*, for it occupies the centre of an embryonic growth which, except for its size, differs in no way anatomically from the classical tubercular growths described in modern writings.

2. The products of common inflammation are doubtless almost always present amongst the complex lesions of caseous pneumonia; but they are only a secondary result of the morbid process, and not the prime agents in the disease.

These views, which in many ways resemble those of Laennec, coincide in the main with those which have been put forth by MM. Grancher and Thaon in France, and by Wilson Fox in England; but M. Charcot thinks it necessary to complete and rectify the descriptions of these authors on certain points. In his investigations he has laid particular stress upon the acute forms of the so-called pneumonic phthisis, because he considers that if he can succeed in showing that there is a tubercular lesion in these forms of phthisis which resemble lobar pneumonia, or acute lobular pneumonia, he will have shattered the defence behind which the partisans of the simple inflammatory theory shelter themselves; for they attach especial importance to the fact that all kinds of simple pneumonia, whether lobar or lobular, may in certain cases pass on to caseous pneumonia, and thus determine pulmonary phthisis.

So far as acute lobar pneumonia is concerned, Dr. Charcot believes it may be left out of consideration, for he asserts that not one of the reported cases, if carefully examined, corresponds anatomically or clinically with lobar pneumonia, but that they are referable to the class of *generalised lobular* or *pseudo-lobar* pneumonia. He quotes two cases out of a large number he has collected. In the first of these the patient died fifteen days after the commencement of his illness, which was accompanied throughout by well-marked febrile symptoms, thus offering an excellent example of what has been sometimes called acute pneumonic phthisis. At the autopsy no grey granulations could be found in the lungs or elsewhere. The inferior lobe of the right lung was everywhere invaded by numberless, closely packed, but nowhere confluent, nodules. Between the nodules the lung-tissue appeared at places healthy or simply congested, at other points splenified. Some of the nodules had undergone grey hepatisation; others were yellow, of the consistence of cheese. There were a few thinly scattered nodules in the upper lobe of the right lung and in the lower lobe of the left.

The second case belonged to the type of galloping consumption, the disease lasting only three months. At the autopsy the right apex was found to be solidified, and on section had the colour and consistence of Roquefort cheese. The divisions between the lobules were still marked by the existence of grooves, answering to the interlobular spaces. Similar nodules whose colour varied from pale rose to yellow were present in the lower lobe of the same side and in the upper lobe of the opposite lung.

A superficial microscopic examination in these cases displayed all the details hitherto described in cases of simple broncho-pneumonia—that is to say, nodules were seen situated near the bronchi, or occupying acini of the lung. When these nodules, however, were examined under a high power, they were seen to be composed of two regions. 1. *A central region* consisting of a homogeneous, translucent, apparently vitreous substance, much like tissue which had undergone amyloid degeneration, but not giving the typical reaction. The position of the bronchioles should be recognised by rings of elastic tissue, filled up by epithelial cells and degenerated leucocytes. The middle coat of the arteries could be distinguished, and everywhere could be seen the bands of elastic tissue, marking the limits of the alveolar cavities, which were filled with caseous detritus.

2. All round this central region, which corresponds with the description of the caseous centre of elementary tubercle, existed a second zone. This was mainly composed of embryonic tissue, which filled the cavities of the alveoli, and infiltrated their walls, and hence, in this region, the alveolar contour marked out by the strands of elastic tissue was less distinct than in the first region. The outer boundary of this zone was irregular, corresponding to the usual progressive mode of invasion of embryonic tissue. What renders the study of this zone still more interesting is the habitual presence in it of giant cells, which could be seen in this case disposed in regular order, completely surrounding the central zone. If the outer zone be thin, then there is but one row of these cells; but if it be thicker, then there may be two such rows. Here and there the row had been broken into by the caseous degeneration of the inner zone.

M. Charcot considers it impossible not to look upon these nodules as tubercular agglomerations. The solidification of the tissue is not simply due to the presence of the products of ordinary inflammation, such as leucocytes, epithelial cells, fibrinous exudation, &c., but it results from the invasion, first of the alveolar walls, and then of their cavities, by a peculiar embryonic tissue. Caseous degeneration affects first those parts of the nodule nearest the bronchoile, the centre of the new growth; and later on it invades the peripheral parts. The embryonic zone, remarkable for the presence of giant-cells, represents the less advanced phases of the process, and it is there especially that the anatomical characters of the morbid products are clearly distinguished. Between the nodules the lung-tissue presents the characters of common broncho-pneumonia; thus, some of the alveoli are filled with pulmonary epithelial cells, swollen or in process of proliferation (splenification), others are filled with leucocytes, fibrinous substance, or gelatinous exudation (broncho-pneumonic hepatisation). A tubercular nodule may be completely surrounded by such inflammatory products, which have the appearance of a second zone outside the embryonic zone. These different products of common inflammation may present all the different degrees of granulo-fatty or mucous degeneration, but they never form a homogeneous coherent mass of vitreous or caseous appearance like that seen in the centre of a tubercular nodule. From this M. Charcot concludes that even in the so-called "acute pneumonic phthisis" caseous degeneration never has the origin attributed to it by authors, but takes its rise in the middle of the tubercular agglomeration, growing at the expense of the specific embryonic neoplasm, and he considers that the products of simple inflammation never take a prominent part in "yellow solidification" of the lung. Naturally, if alveoli filled with simple inflammatory products are intermingled with tubercular nodules undergoing caseous degeneration, they will become involved in the process, but their implication is a purely secondary and subsidiary part of the process.

What has just been said of acute forms of caseous pneumonia is true, *à fortiori*, of the more chronic forms. Just as in the acute cases, so here, we find nodules limited by an embryonic zone, with or without the addition of simple inflammatory lesions. Vitreous or caseous degeneration commences at the centre of the nodules, and increases at the expense of the embryonic neoplasm. Simple inflammation, if present, assumes the chronic form, giving rise to cirrhosis of the lung, which is characterised by embryonic transformation, with thickening of the alveolar walls. In these cases we find the "cubical" metamorphosis of the epithelium of the lung which is so common in chronic phthisis.

M. Charcot considers that the mistake by which the lesions of caseous pneumonia have been attributed to alterations in the products of simple inflammation has arisen partly because observers have looked on the widely different morbid appearances met with in that disease as only different phases of the same morbid process, partly because the rules of the topographic method have been neglected, whence it has resulted that the embryonic zone, which limits the caseous region of the tubercular nodules, and separates it from lung-tissue which is simply inflamed, has been passed over unobserved.

M. Charcot concludes by saying—“Nothing, to my mind, is better established than the existence of infiltrated or discrete tubercle, as a fundamental element in the different forms of pulmonary phthisis. On the other hand, nothing is more doubtful than the existence of caseous pneumonia, independent of tuberculosis, and constituting the prime agent in the phthisical process.”

CURARA.

This poison, used by the South American savages to tip their arrows, has come lately into fresh notice as a proposed remedy for hydrophobia. Two articles are before us on the subject—one by Mr. John Moss, in the *Pharm. Journal*, Dec. 1; the other is the Special Report on Hydrophobia quoted in our last issue. The latter seems greatly indebted to the former. We compile the following account from the two:—

Professor Sewell was the first who suggested the idea, and Waterton who went in quest of the poison, and acquired it in its pure state at his own expense, and at the cost of his own health, has generously given him the credit of the discovery. Sewell, on the authority of Waterton, is said to have declared before Sir Joseph Banks, and a large company of scientific gentlemen, that, were he unfortunate enough to be bitten by a mad dog, and become infected with rabies, he would not hesitate one moment in having the woorali poison applied, as he felt confident that the application of it would prove successful.

In the month of April, 1812, Waterton left the town of Stabrock to travel through the wilds of Demerara and Essequibo, with the chief object of collecting a quantity of the strongest woorali poison, and after penetrating into the country where the poisonous ingredients grew, where the composition was prepared and used, success attended his adventure. After 121 days he acquired all the information about it, and a supply, which he brought back with him to England. The poisonous extract is made from the woorali vine, a bitter root, two kinds of bulbous plants, two species of ants, the strongest Indian pepper, and the powdered fangs of the labarri, and counacouchi snake. The Macoushi Indian makes the best preparation. Having found the necessary ingredients, the Indian scrapes the woorali vine and the bitter root into thin shavings, and puts them into a kind of colander, made of leaves; this he holds over an earthen pot and pours water on the shavings; the liquor which comes through has the appearance of coffee.

When a sufficient quantity has been procured, the shavings are thrown aside. He then bruises the bulbous stalks, and squeezes a proportionate quantity of their juice through his hands into the pot. Lastly, the snakes' fangs, ants, and pepper are bruised and thrown into it. It is then placed on a slow fire, and as it boils, more of the juice of the woorali is added, according as it may be found necessary, and the scum is taken off with a leaf. It remains on the fire till reduced to a thick syrup of a deep brown colour. As soon as it has arrived at this state, a few arrows are poisoned with it to try its strength. If it answers the expectations it is poured into a calabash, or little pot of Indian manufacture, which is carefully covered with a couple of leaves, and over them a piece of deer skin, tied round with a cord. They keep it in the most dry part of the hut, and from time to time suspend it over the fire to counteract the effect of dampness. The operation of making it was gloomy and mysterious. No women or young girls were allowed to be present, lest the Zabahout, or evil spirit, should do them harm.

The shed under which it had been boiled was pronounced polluted, the pot must never have held anything before, whilst the maker had to fast as long as the operation lasted. We may now consider that all the ingredients mentioned are not necessary to produce the effects of the poison, but that they were added through the superstitious feelings and custom of the natives. According to Waterton and Taylor—

1. The extract is so miscible with water that the slightest moisture dissolves it, hence it speedily diffuses itself when introduced into a wound.
2. The symptoms are stupor and paralysis; it does not produce any apparent effect, until after the lapse of one or two minutes, and the wounded animal apparently dies without a struggle, and without pain.
3. The flesh of the animal thus killed may be used as food.
4. The dose must be proportioned to the size of the animal.
5. Like the serpent-poison, it is active when introduced into a wound, but almost inert when taken into the stomach (Bernard).
6. Animals poisoned by it have been restored by keeping up artificial respiration, as instanced by the ass “Wouralia,” and by the experiments at Nottingham, in which Dr. Sibson took part.
7. The extract retains its power for an indefinite period, but unless kept dry it is liable to become weakened in its properties.
8. The effect is to destroy the motor power of the nervous system, and the observations of Kolliker and Pelikan show that its action is the very opposite to that of strychnia. M. Bernard remarks that there is no direct relation between the chemical character of a substance and its physiological effects. The same, or similar, chemical characters, may exist in two bodies—curarina and strychnia—of which the physiological effects are not only different but antagonistic.
9. We may mention, as a memorandum to be borne in mind, that, according to Taylor, curara, which has but a slight action when swallowed, would, however, give the chemical reactions of strychnia, in the stomach, and thus induce some chemists to swear, that beyond all doubt strychnia was present, and that the person must have died from it.

In taking leave of Waterton and his woorali, we must direct attention to the following remarks made by him in 1844:—

“It is an acknowledged fact that the art of medicine has hitherto been unable to arrest the fatal progress of confirmed hydrophobia. This being the case, it is both wise and expedient to give the sufferer a chance of saving his life by the supposed, although as yet untried, efficacy of the woorali poison; which, worst come to the worst, would by its sedative and narcotic qualities, render death calm and composed, and free from pain; a circumstance not to be expected under the ordinary treatment, or no treatment at all, of this ungovernable and fatal malady.”

It is thus with every suggestion and invention; like many diseases, they require an incubative period, before they take shape and form.

The woorali of the present day, is differently prepared from that of the Indian preparation. It is called curara, and has many synonyms: *Ourari, Urari, Woorari, Woorara, Wourali, Wouraly.*

Besides the writers we have mentioned—Waterton, Taylor, Bernard—who have described this poison, the most recent authority is Schomburgk, who states that it consists alone of vegetable matter, and chiefly of an extract of the bark of *Strychnus toxifera* (N. O. *Loganiaceæ*), a tree found native in Guiana. Waterton, as mentioned, describes his woorali poison as soft, whilst other writers speak of the necessity of keeping it in a perfectly dry state. Taylor (“On Poisons,” 1875) says that “curara is a brownish-black brittle substance, having the appearance of Spanish liquorice. It dissolved slowly in cold water, but rapidly when heated, producing a turbid brown liquid; this became clear curarine upon filtration.

Preyer was the first to isolate curarine in the crystalline form; according to him it has the formula $C_{10}H_{15}N$. It is very hygroscopic; has a very bitter taste; crystallises in colourless four-sided prisms; dissolves freely in water and alcohol, less easily in chloroform and amyl alcohol; and is insoluble in anhydrous ether, benzol, turpentime, and carbon disulphide. It acquires a splendid and permanent blue colour in contact with sulphuric acid, purple, red with nitric acid, and violet with potassium dichromate and sulphuric acid (like that of strychnia, but more permanent). Its hydrochloride, nitrate, sulphate, and acetate are crystallisable. Dragendorff also finds that curarine is quite distinct from strychnine, and that a very active curara occurs in commerce in which neither strychnine nor brucine can be detected. His "Manual de Toxicologie" contains an excellent chapter on curarine.

SOLUTION OF CURARA FOR HYPODERMIC INJECTION.

The properties of curara preclude its medicinal use in any other form than that of a solution for hypodermic injection. For such a solution, to be ready for use at all times, certain characteristics are essential, or at least highly desirable. It must be of convenient strength, so that the dose fixed upon may bear a simple relation to the number of minims, yet not so strong that the injection of a quantity slightly in excess of what was intended may be of too great importance, and not so diluted that the maximum dose is inconveniently large. The solution should produce as little pain as possible when injected, having regard to the fact that rabies patients have an intensified dread of pain, this characteristic is perhaps more important in the particular solution now under consideration than in any other. The solution should not only be at all times prepared of the strength that it professes to be, but should keep well, and remain of that strength. To prepare a uniform solution of a drug so deadly and various as curara, one should always have recourse to the same parcel, of which the strength has been proved. Curarine or one of its salts might be used, but independently of the grave risks incurred in preparing them, we are as yet without trustworthy data upon which to frame a formula.

The keeping powers of a solution will depend in great measure on the menstruum. Water produces a solution giving the minimum of pain when injected, and it keeps well. The following formula is proposed by Mr. Moss as best meeting the requirements of the case:—

Hypodermic Injection of Curara.

Curara ... ... gr. j.
Water... ... ... min. xij.

Dissolve; let the solution stand forty-eight hours and filter.

Using this solution two thirds, a half, third, or quarter of a grain may be given in a whole number of minims. Of the other strengths likely to suggest themselves, viz., one in ten and one in fifteen, the first would only allow of a tenth, and half a grain; and the second, of a fifteenth, a third, and two thirds of a grain being given in the same way. The accounts of the use of curara seem to indicate that the dose is from a quarter to half a grain.

Caution.—Curara requires to be handled with the utmost care. It should not be allowed to come into contact with a fresh cut or scratch. Two good rules would be—never to powder it in the dry condition, and never to touch it with the naked fingers.

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AT THE SOCIETIES.

AT THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

January 8, 1878.

ON THE MICROSCOPIC ANATOMY OF CHRONIC INFLAMMATION OF THE SURFACE OF THE TONGUE. BY HENRY T. BUTLIN, F.R.C.S.

The object of the author was to give an account of the minute anatomy, hitherto undescribed, of the smooth glossy tongue, called by Dr. Farlie Clarke "chronic superficial glossitis." The paper was based on the examination of the tongue in three cases in the practice of Sir James Paget, Mr. Thomas Smith, and Mr. Langton. The characters of the disease were described as consisting of thinning of the epidermis, and destruction of the papillæ and other appendages; and of thickening and increased vascularity of the corium and submucous tissue, and infiltration with small cells. A comparison was drawn between the characters of this disease and psoriasis or ichthyosis of the tongue. There was apparently no essential difference in the microscopical characters of the two diseases. (The paper was illustrated by drawings.)

MATERNAL IMPRESSIONS. BY WILLIAM SEDGWICK, M.R.C.S.

The author said it was a fact in reproductive development that women, as a rule, transmitted with far more sensibility than men. The normal influence of the mother on the intellectual development of her offspring had been well and familiarly expressed in the term "mother-wit," and in abnormal development it was well known that women often served to a greater extent than men as conductors of an inheritance which they did not share. It was popularly believed that it was the emotional impressions of the mother, and not those of the father, which admit of being imparted to the fœtus, in the form of "mother's marks." It has, however, been thought that either parent was capable of imaginatively affecting the offspring at the period of conception, and traces of this belief have been lately found among some of the tribes in Central Africa. The author remarked that there was a difference, between cases in which a modification of fœtal structure had been slowly effected through the influences of the perceptive faculties, and those cases in which emotional impressions had been supposed to act upon the fœtus by causing what has been erroneously described as a sudden arrest of development. It was often difficult to distinguish between the alleged influence of maternal impressions and that of heredity, but still many cases occurred in which complete elimination of hereditary influence might be made. He said that when maternal impression had been said to react on the nervous system of the offspring the effect might with equal probability be referred to some modifications of structure produced through the medium of the blood. Dr. Robert J. Lee had lately stated that it was most natural to suppose that maternal impressions would be most frequently followed by unnatural conditions of the intellect of the child than by any abnormalities of growth; but Mr. Sedgwick thought that the limitation of the influence of a maternal impression to a corresponding organ or tissue in the fœtus as a consequence of some slight and inappreciable alteration in the blood of the mother being imparted to the local nutrition of her offspring, might physiologically be regarded as more probably than limitation effected by nerve influence. The influence of the impression at an early period of pregnancy could only be conveyed to the part through the medium of the blood, and it was consequently improbable that the first stage in the production of abnormal development should be a local arrest of fœtal nutrition. Toward the conclusion of the paper Mr. Sedgwick directed attention to the evidence in favour of the influence of maternal impressions, derived from observations on the lower animals, and, with reference to the episode of Jacob's rods, they were apparently employed not to originate, but simply to aid in the increased production of especially marked offspring. There had been many illustrations of the effect produced by variously-coloured objects on the breeding of sheep and other animals since patriarchal times. Dr. Alexander Harvey had collected and published some satisfactory evidence on the subject, as had also other observers; and a good illustration of this alleged influence on the breeding of sheep had been lately communicated by a much-respected clergyman in the West of England. In reviewing the evidence which had been adduced in favour of a belief in the influence of maternal impressions, Mr. Sedgwick admitted that there was indirect evidence that the influence of the mind over the body might, in the case of pregnant women be so far extended as sometimes to affect the fœtus, and there was nothing which could be regarded as physiologically inconsistent with the belief in its uncorrupted form. But the direct evidence in its favour was limited to a comparatively small number of cases in which the maternal impressions, received at definite periods of pregnancy, had been fairly well authenticated before the birth of the offspring. Some of these cases had been clearly independent of hereditary influence, and none of them could be accounted for by any theory of coincidence. As the only recognised medium of communication in such cases was the blood, it was probable that the influence of the impression was always gradual, and never sudden, in its operation.—Mr. Savory said that there were some cases which could only be explained on the doctrine of maternal impression. There was not much difficulty in explaining the influence of physical interchanges between mother and offspring; the transmission of small-pox and of syphilis were instances of this. The influence of mind over physical conditions was shown in the changes produced in the milk of a suckling woman by emotion. But in the case of maternal impressions we have not only to imagine the effect of mental emotion in determining changes in structure, but the difficulty lay in understanding how a *mental* impression on the mother should, as it were, be translated into a corresponding physical impression on the fœtus.—Dr. Thin would like to have all reported cases of maternal impression submitted to the same scrutiny as Sir G. C. Lewis subjected instances of supposed centenarians. He was not aware that the subject of maternal impressions had ever been thoroughly investigated.—Dr. Matthews Duncan said that this question was one constantly being brought up at Societies, and the reason of its unsatisfactory nature was that writers failed to make the distinction between a coincidence and a consequence.—The President remarked that instead of writers allowing their imagination to play on assumed facts they should seek for positive facts on which to base their reasonings.

January 22, 1878.

Dr. C. West, President, in the Chair.

Mr. C. Higgins read a paper on a case of

RODENT ULCER.

The patient was a married woman, æt. 45. Her health had always been good. The disease commenced thirteen years before admission to Guy's Hospital, at the remarkably early age of thirty-two, as a pimple on the left side of the nose, which, however, showed but little tendency to ulcerate until five years after its first appearance. During the progress of ulceration a second pimple, of apparently the same nature as the first, made its appearance in the angle between the right side of the nose and cheek; it did not, however, ulcerate. The eyeball, which was quite healthy, was excised, and the ulcerated surface destroyed with a paste of chloride of zinc and starch applied on strips of lint; after separation of sloughs some cicatrisation took place. The disease soon commenced again, and eighteen months later the surface of the ulcer and adjoining infiltrated tissue were destroyed with the galvanic cautery and chloride of zinc paste; the second pimple was also burnt out. After separation of slough, cicatrisation again took place, but four months later the disease was again spreading rapidly. The whole of the thickened margin and base of the ulcer, with a large amount of the adjoining healthy structures were cut away with a scalpel, the bleeding stopped with a "thermo-cautery," and chloride of zinc paste applied all over the cavity left. The wound finally healed entirely, but subsequently some recurrence took place, and the diseased tissues were again removed with knife, cautery, and caustic. Cicatrisation once more took place, and the wound has since remained firmly healed.—Mr. Gaskoin introduced a male patient, æt. 57, who had apparently a rodent ulcer on the left side of the vertex.—Mr. Hulke showed some of the late Mr. Moore's preparations of this disease from the museum of the Middlesex Hospital. Mr. Moore was the first who attacked some of these advanced cases of rodent ulcer. Mr. Hulke also showed photographs of some of his own cases, and one of Mr. G. Lawson's. In all, the method adopted was free excision with the knife, the actual cautery close to the bone, and the free application of the chloride of zinc paste. Unless these cases were dealt with sweepingly at first, the disease may be excited to increased activity. The ulcer in Mr. Gaskoin's case had not the character of rodent cancer, and its situation in the hairy scalp was extremely rare.—Mr. Nettleship was under the impression that rodent ulcer almost always began as a pimple.—Mr. Barwell agreed with Mr. Hulke that "cancer" was a better term than "ulcer" for this disease. The distinction between such cases and simple lupus, which could be cured by simple scarification, seemed great. Mr. Barwell added that he now used Paquelin's thermo-cautery in the place of the galvano-cautery, and by its means had recently eradicated a rodent ulcer of the face.—Mr. Hulke remarked that rodent cancer is epidermal from its very origin, and never begins beneath the skin.

ON THE PROPORTIONS OF RED CORPUSCLES IN THE BLOOD IN SOME SKIN DISEASES. BY GEORGE THIN, M.D.

The investigations recorded in this paper were made by the methods introduced by M. Malassez, of Paris, which consists of diluting the blood to a known degree by artificial serum, and in counting the number of corpuscles contained in a given quantity of the diluted blood. The latter part of the operation is done by counting the corpuscles seen in a measured length of a capillary tube of known capacity. M. Malassez has found that in Paris the number of red corpuscles in a millimetre cube of blood varies in healthy men between four and five millions; in females the number is less. The same observer found that the number diminishes greatly in wasting diseases. In cancer he counted in a man as low a number as two millions and a-half, and in a woman one million and a-half. In phthisis his lowest numbers were, in a male two millions and a-half, and in a female slightly under one million. In selecting persons suffering from skin disease for examination, only those were chosen in whom there was no reason to believe that the condition of the blood was affected by medicinal treatment, or the existence of other maladies. The following numbers were found in cases of skin disease:—

Psoriasis: man, aged 25	...	5,250,000	per mm. cube.
,, ,, ,, 25	...	4,820,000	,,
,, woman, aged 27	...	4,330,000	,,
,, ,, aged 18	...	4,448,000	,,
Eczema: man, aged 60	...	3,750,000	,,
,, ,, aged 19	...	4,200,000	,,
,, girl, aged 12 ...	...	4,420,000	,,
,, woman, aged 26	...	4,350,000	,,
,, ,, aged 20	...	3,880,000	,,
,, ,, aged 25	...	5,050,000	,,
Pemphigus (chronic): man, aged 30—40		3,580,000	,,
Acne sebacea: girl, aged 16	...	4,050,000	,,
Prurigo (Hebra): boy, aged 13		3,420,000	,,
(Counted in same case after an interval of a month ...		3,550,000	,,
Acne rosacea (second stage): man, aged 47		4,140,000	,,

Now, in examining the above table it will be seen that the state of the blood as regards the quantity of its red corpuscles differs in skin diseases very little from that which obtains in healthy individuals. It is seen, also, from these figures that an outbreak of psoriasis is compatible with a high proportion of blood corpuscles. In eczema the number is about normal. The case of the man aged 60 was a severe one, and had lasted many months, and the hygienic conditions were bad. In the man aged 19 the disease had invaded in a scaly infiltrated form nearly the whole surface of the body, and had lasted for a number of years, the case being one of great severity. That in such a case the number should have exceeded four millions—the enumeration having been repeated several times with great care—shows that a diminution in the number of red corpuscles is not a necessary condition of eczema.—Mr. Gaskoin pointed out that the old treatment of psoriasis by venesection was rather borne out by these observations, which showed an increase in the blood corpuscles in this affection.—Mr. M. Baker understood Dr. Thin to say that these observations disproved the dependence of certain skin diseases upon morbid blood-condition. But there were no doubt other conditions besides the proportion of corpuscles to be taken into account.—Dr. Thin only meant to convey that it was too much the fashion to assume a profound blood condition in diseases of the skin without any grounds for the assumption, and his observation only showed that in one respect at least the blood was not modified

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Change in German Orthography.—The *Centrallblatt f. d. Med. Wissensch.*, takes a step towards phonography in dropping the aspirate when this is not sounded. Thus "athem" (respiration) is spelt "atem," "rothe" (red) "rote," "theilung" (fission) "teilung," "thatsachlich" (causation) "tatsachlich," and so on. This is, we suppose, a step in advance for young Germans, but may perhaps puzzle some Englishmen until the dictionaries adopt the change.

ABOUT BOOKS.

Cyclopædia of the Practice of Medicine. Edited by DR. H. VON ZIEMSSEN. Vol. XVI. Diseases of the Locomotive Apparatus and General Anomalies of Nutrition. By Profs. H. SENATOR, E. SEITZ, H. IMMERMANN, and Dr. BIRCH-HIRSCHFELD. London: Sampson Low, Marston, Searle, and Rivington. 1877.

THIS volume is enough to make a reviewer despair, consisting as it does of a number of essays on subjects having little or no relation with each other, on each of which as much space may be occupied as the editors of THE DOCTOR will grant for all. Thus, it opens with an account of the various forms of rheumatism, gout, rickets, and malacosteon, written by Prof. Senator, after which Prof. Seitz delivers himself of his views on the slight disorders produced by catching cold. Then Prof. Immermann dilates on the general disorders of nutrition, and also favours us with a curious essay on corpulence. After this Dr. Birch-Hirschfeld takes up scrofulosis and affections of the lymphatic glands. To complete the volume, Senator again comes forward with a couple of hundred pages on the important subject of diabetes. Three of the essays are translated by Dr. Buchanan Baxter, the remainder by Drs. Aigner, Frank P. Foster, and Henry P. Bowditch. To say that all have done their work well is only to repeat what has been said of previous volumes, and we must confine our observations to a few practical points. Since the articles on rheumatism were written salicylic acid and salicine have come into use, and Dr. Baxter has, therefore, added three pages respecting them, with Senator's approval, a course which we fully approve as keeping the work thoroughly up to the date of its issue.

Chronic rheumatic arthritis is regarded as standing in much the same relation to acute rheumatism as chronic bronchitis does towards measles, but with this difference, that bronchial catarrh is more often independent of an attack of measles than chronic articular rheumatism is of a previous attack of rheumatic fever, for although the acute disease leaves a tendency to subsequent joint mischief, the chronic arthritis is confined to one or several joints, and may be regarded, therefore, as a local disorder. The deduction in regard to treatment is obvious. So-called anti-rheumatic drugs are useless. Guiacum, corrosive sublimate, and even arsenic are abandoned, and colchicum and aconite, according to Senator, only keep their place in virtue of their narcotic properties, and to make assurance doubly sure, are combined with opium, in which case Senator naively remarks, "they may certainly be allowed to exert an anodyne effect" (page 81). He advises remedies calculated to improve nutrition and local applications to the affected joints, wrapping them in warm materials, painting with iodine, stimulants like turpentine anodynes, &c.; warm baths, local and general, are also useful, and may be supplemented by electricity. All the natural springs of the highest reputation are remarkable for their high temperature. Vapour baths and all the sudorific methods of hydropathy, though often useful, are to be used with the utmost caution. "They certainly cause very profuse perspiration, but, at the same time, they excite the circulation in an alarming degree" (p. 85). If ordinary care be used, we are inclined to place great reliance on hot-air or vapour-baths, and think our author almost cautious in excess. It is far better to use such methods judiciously than to let patients drift into the hands of quacks who will hold out promises of cure and urge extreme measures. Balneological records convince us that there is less danger in these methods scientifically but thoroughly carrried out than is generally supposed, and in the presence of so chronic and painful a disease it is important to keep in the hands of the profession an instrument powerful for good as well as evil. In inveterate severe cases, when ankylosis or malposition of joints has occurred, the author says that orthopædic methods may still restore the limbs to usefulness, a fact which, within reasonable limits, we can endorse. With regard to gout, we have only space to remark that Senator thinks we have no agent capable of curing it, that even colchicum is abandoned in the gouty dyscrasia, and that its continued administration upsets digestion and does other mischief. Alkalies, especially lithia, hinder the deposition of uric acid, but cannot prevent its formation, therefore, are unable to cure the disease, though they are valuable as auxiliaries to diet and other measures, and effectual in removing uric acid deposits. Mineral waters, as we might suppose in a work of German origin, receive considerable attention. In arthritis deformans iodine is pronounced the most useful of internal remedies, all others being said to be as good as useless; externally, warm baths and electricity are advised. On rickets and malacosteon we cannot dwell, and those who wish to learn how we catch cold and what are the consequences must refer to Dr. Seitz.

Of Immermann's contribution, the most important part is the preliminary account of the general disorders of nutrition and the pathology of anæmia and chlorosis. With regard to the supplementary essay on "Progressive Pernicious Anæmia," we may state that it contains an interesting historical *résumé* and a number of cases, the author completely endorsing Biermer's views; but as the present reviewer is informed by the Editor that an article on this subject will appear at the same time as this notice, he deems it unnecessary to refer to it further.

The historical sketch on Corpulence is unusually amusing for a German medical work, and even when treating of its pathology the author's expressions will be likely to call up smiles—not that there is any want of earnestness, or any lack of definition. A section is devoted to general phenomena, which opens with the statement that "the excessive increase in quantity of the external and internal fat of the body constitutes the characteristic and pathognomonic symptom of corpulence" (page 667); after reading which oracular statement, we hope none of our readers will make a mistake in diagnosis, and pronounce a lean person to be labouring under corpulence. There are some capital hints on the troubles that may arise in corpulent patients, and some suggestions on therapeutics, but these we shall not quote lest we induce our readers to forego the pleasure of reading the essay.

As the same author writes on Diabetes, we need only state that this essay, too, is careful, complete, and brought down to date.

We have now left Dr. Birch-Hirschfeld's essay on Scrofulosis. This he speaks of as "a constitutional anomaly, which shows itself by changes partly of an inflammatory, partly of a hyperplastic nature, excited in the tissues by a comparatively slight noxious influence—changes which are endowed with insufficient recuperative power, and are therefore prone to lapse into regressive metamorphoses, and following thereupon into local tuberculosis" (page 761). What the author has to say on this theme is condensed into 110 pages, a sufficient proof of the impossibility of, within any reasonable compass, analysing, or even criticising, his opinions on the numerous points included. All we can say is, that every thoughtful practitioner will find something in this essay to make it worth reading.

The translation throughout this volume seems to us very happy.

Recherches Cliniques et Thérapeutiques sur l'Epilepsie et l'Hystérie. Par le Dr. Bourneville. Paris: Ad. Delahaye. 1876.

The learned and painstaking editor of *Le Progrès Médical* has collected in this volume several important papers by himself which form a valuable addition to the literature of the subjects treated on.

The first essay is on "l'Etat de Mal Epileptique." The second consists of researches as to the treatment of epilepsy by various agents, including ammoniacal sulphate of copper, monobromide of camphor, ice, oxide of zinc, and nitrite of amyl. The third part contains the histories of two remarkable cases of hystero-epilepsy. The author regards the epileptic condition as being characterised by (1) the repetition, to some extent incessant, of attacks, which often become subcutant; (2) collapse, variable in degree, which may become profound coma, *without return of lucidity*; (3) more or less complete, and fleeting hemiplegia; (4) rapidity of pulse and respiration; (5) above all by *a considerable elevation of temperature*, which persists during the intervals of attacks, and may even increase after their cessation. The success obtained by the various modes of treatment varied. The use of copper led merely to an amelioration in the state of the five patients treated with it. The details of post-mortem examinations of the liver made in cases which died while under treatment confirm the opinion that copper is cumulative and becomes stored in the liver. For the entire liver M. Yvon obtained O. gr. 236 of copper; M. All. Robin, O. gr. 138; M. Rabuteau, O. gr. 250.

The monobromide of camphor is regarded as more successful, and, in the author's hands, led, in six cases, to a relative diminution in the attacks, and to a considerable diminution in the occurrence of vertigo. When the latter phenomenon is very marked the author thinks this drug especially suitable. But the opportunities of successful treatment at Salpétrière, the hospital where the observations were made, are, in Bourneville's opinion, seriously diminished by the fact that so many epileptic and idiotic patients are crowded together. The very atmosphere, as he observes, is *epileptogenic*. He observes, "the daily view of the attacks of their companions, the incessant quarrels which are continually occurring among them for the most futile causes, and the slight exercise they take, are permanent causes leading to convulsive attacks among the patients under treatment." We trust this unfortunate state of things may be improved, as it should not be tolerated anywhere, least of all in Paris, one of the centres of medical science. The application of ice was found decidedly beneficial. Of the four patients treated with oxide of zinc two were benefited, the other two seem to have been little affected at all. The author refrains from pronouncing positively as to the therapeutic value of nitrite of amyl, though he is of opinion that in many ways it was decidedly beneficial. The contribution on the use of this drug is very interesting. We should regret if our readers were presented by our brief statement of results from consulting the original work. The practical character of this journal prevents us entering in further detail into the many interesting physiological and other subjects treated of in a highly scientific way.

The third essay on hystero-epilepsy contains the history of two most remarkable cases which presented all the extreme symptoms, contractions, crucifixion, ischuria, dysphagia, &c. The author's opinions relative to the case of Louise Lateau and similar cases, are well known. The masterly way in which he analyses his cases, and the amount of knowledge of various kinds which he brings to bear on them, will amply repay those who study this volume.

A Compend of Diagnosis in Pathological Anatomy. With Directions for Making *Post-mortem* Examinations. By Dr. Johannes Orth. Translated by G. K. Sabine, M.D., and F. C. Shattuck, M.D. Revised by R. H. Fitz, M.D. 8vo., pp. 440. New York: Hurd and Houghton; Boston: H. O. Houghton and Co.; London: Trübner. 1878.

The author's position as former assistant to Rindfleisch, and now of Virchow, gives him no small advantage, and enables him to speak with high authority on a number of important points. He has also taken such part in recent investigations and in teaching, and the original work has obtained such favour in Germany, that a translation was to be expected. America has produced a very creditable one, now before us, and the author has kindly furnished additional matter, which he has in readiness for future editions. The book, therefore, represents his latest teaching. It is a practical work, founded upon and following the order of the new Prussian regulations for performing autopsies. These are essentially those which have long been followed in the Berlin Pathological Institute under the direction of Prot. Virchow, who introduced them. No distinction is made between a medico-legal autopsy and one made for non-forensic purposes, it being held that, as we cannot know beforehand how important any appearance may become in subsequent proceedings, completeness is essential, while we cannot assign with certainty a cause of death unless all organs have been examined thoroughly. Had this been remembered and acted upon in this country in some recent cases, we should, perhaps, have been saved more than one scandal.

Dr. Orth's book then gives precise and practical directions for examining the dead body in order to determine the cause of death and to record the condition of every organ. Such a practical book requires, of course, that the student should visit the dead-house, or should have previously seen autopsies performed. It will be of most profit to those who may be called upon to undertake that duty. As every medical practitioner may have to do this, there is a wide scope for usefulness in the work; and if this translation conduce to more careful performance of such duties, it will be a good thing for the profession. Two lithographic plates are added to this edition, which is so got up as to do credit to the publishers, while the translators deserve our thanks for the English of their version. There is a very full table of contents, which will serve as a brief recapitulation of the progress of an autopsy, and also a full index, by which it is easy to refer to any point. We have referred to the book as entirely practical; but it would be unfair not to add that it may also be used with advantage, not only as a guide to practical work in the *post-mortem* room, but as a systematic account of pathological anatomy, which may serve for a theoretical introduction to such work, or as a reliable book of reference for the busy practitioner's library. We hope it will obtain a wide circulation here as well as in America.

An Essay on Consumption; its true Nature and Successful Treatment. With Prefatory Chapters, Index of Contents, and Appendix of Cases. By Godwin W. Timms, M.D. Lond., M.R.C.P., Physician to the North London Consumption Hospital; Consulting Physician to the Western City Dispensary. Second Edition, Revised and Enlarged. London: Baillière, Tindall, and Cox. 1878.

The author of this book put forward in 1860 the theory that in tuberculosis the blood contains an excess of one of its constant ingredients — tissue-waste; that tubercle, wherever found is the product of this excess; that the varieties of consumption are only differences produced by various diatheses; that the pathological results are due to changes in tubercle itself, or to the irritation produced by it in surrounding tissues, the pulmonary tissue not being diseased except so far as it might be compressed or irritated by the foreign substance. He still holds these views, which it is impossible to demonstrate, as he admits at the outset, but he thinks they are confirmed by the recent researches of Klein and Charcot. This being so, we can only look at the results of his practice. To improve the condition of the blood, so that it shall no longer deposit tubercle, is the natural indication suggested by such a theory, and the author thinks a long sea voyage useful for this purpose, and yet, strangely enough, he pronounces change of climate to be of little avail "except for the euthanasia." This expression seems to indicate that he can scarcely have employed it at the right period. Certainly, at the close of phthisis it is useless to exile the sinking patient, and deprive him of home comforts and the solace of having his friends around him. When euthanasia has to be thought of it is too late to try change of climate, but in early stages, if the author's theory be right, a pure mountain air should be at least as beneficial as a sea voyage.

With reference to drugs, the author says he has tested them all. The result is that he can only recommend three, viz., ammonia, bichloride of mercury, and hydrochloric acid. With these he professes to be very successful, especially with the second. Sixteen cases were narrated in the first edition of this work, of which one was fatal. Since then five have died and three have passed out of view, but seven are, we are told, still alive. This, it may be acknowledged, is a fair amount of success; indeed, we may concede that it is unusual, for it is only a few who are able to watch their cases for a period of seventeen years. It must however, be stated that some cases of chronic phthisis are known to last a long time, and others which appear to be running a rapid course are every now and then arrested, and that under most opposite kinds of treatment, as well as under no treatment at all. We are not therefore shut up to the conclusion that the author's treatment was the only element in prolonging the cases, nor do we exactly see how the special drugs we have mentioned should arrest or restrain tissue metamorphosis. It is but right to add that he by no means confines himself to these drugs, but avails himself of all other remedies. Some, *e.g.*, emetics and counter-irritants, he makes particularly free with, while cod-liver oil and other analeptics are called in to supply the abnormal waste, and symptoms are treated as they arise.

The Students' Pocket-Book. Arranged by Mrs. Garrett-Anderson, M.D. London: H. K. Lewis. 1878.

This is a very useful little work, and we have much pleasure in drawing attention to it. It is, as its name implies, a pocket-book, being of a size sufficiently small to go easily into any side-coat pocket. We should imagine, however, its shape would make it an awkward article in any lady's pocket, although Mrs. Anderson states in the preface that it is primarily intended for the use of the students of the London School of Medicine for Women.

We cannot better describe the aim of the work than in Mrs. Anderson's words, who says: "This index is intended to supply medical students with means of registering some of the more important parts of their clinical work in such a way as shall be easily available for after reference." It is, in fact, a classified catalogue of diseases. On opening the book anywhere the left-hand page contains the names of about thirty diseases, whilst the right-hand page is ruled into six columns in which the references are to be written. These columns bear the following headings:—Seen, Lecture, Museum, P.M. seen, Noted in case-book, p., Books read, No. in Bibliography. At the end of the work is a space with the heading Bibliography for making a list of the books read, a number being attached to each for convenience of reference. It was, we believe, the late Sir Benjamin Brodie who used to lay such stress on taking notes in the wards, and afterwards expanding them at home with the aid of the memory; and it was he also, we believe, who said he had never known any one rise to eminence in his profession who did not pursue this plan. We agree with Sir Benjamin *in toto.* In these days of bacteria, quantitative analyses of urine, sphygmography, ophthalmoscopy, &c., we are only too apt to neglect ordinary *clinical*, *i.e.*, real *bedside* work, and any plan which encourages the student to record his clinical work deserves commendation. By recording his work, however briefly, he derives two benefits—1st, direct from having the reference to past work; 2nd, a stimulus to increased accuracy. The only fault of the little work before us is, that in the blank columns there is only space for two or three references. Now, of pneumonia, say a student may see a dozen good cases and may have heard three or four lectures on it, with a score of post-mortems, and consulted ten or twelve books perhaps. On turning to the book we find only enough space for about three entries, even if the writing be small. It is true there are several blank pages for additions, but this does not interfere with our statement. We would suggest that a future edition be slightly enlarged, say to double the thickness, and a slightly wider page. Even this would not render it awkwardly large, since at present it is only 3 × 7½ inches and a quarter of an inch thick. In its present form, however, we do not doubt it will be found very useful, and the gynæcological index is especially minute, the work having been primarily arranged for female students.

LITERARY NOTES.

The *Transactions of the International Medical Congress* of 1876 at Philadelphia have been published in a handsome volume which worthily commemorates the occasion. It is edited by Dr. J. Ashurst, and our own copy has reached us. As **The Doctor** devoted more space to the several papers at the time than any English journal, we shall not be expected to review this volume, but we shall refer to it as occasion may require in the several departments of our journal. We congratulate the editor on the satisfactory manner in which he has done his work.

The new number of the *American Journal of the Medical Sciences* begins a new volume and enters on its second half century, which, it is to be hoped for the credit of American medical literature, may be completed as successfully as the first.

The *Glasgow Medical Journal* has become a monthly under the editorship of Dr. Coats.

The *Birmingham Medical Review* begins a new series with the last number.

Mr. Balmanno Squire, in a pamphlet *On the Treatment of Psoriasis by an Ointment of Chrysophanic Acid* (Churchill), places at the disposal of all, the views he has disseminated in the journals on the value of this method, and which we have had occasion to chronicle. He has added in an appendix many of the letters that have been published by others in various journals, so that any one may now see the testimony in favour of goa-powder and its acid.

Surg.-Major Tuson, M.D., F.R.C.S., issues a third edition of his *Observations on the Efficacy of burning Sulphur Fires in Epidemics of Cholera* (H. K. Lewis). He firmly believes that this plan is powerful in arresting the spread of the disease.

Dr. Berruti has published the lecture *Le Nevralgie Simpatiche nella Patologia dell' Utero* with which he opened his sixth course of gynæcology at the University of Turin. It is a learned lecture and yet sufficiently practical to interest not only gynæcologists and neurologists, but general physicians.

Dr. C. R. Drysdale issues a lecture on *Tobacco and the Diseases it produces* (Baillière & Co., and Tweedie & Co.) He is hard on the consumers of the weed.

Prof. Fenwick forwards us a reprint from the *Transactions of the Canada Medical Association* of a paper on "Excision of the Knee-Joint." It is illustrated with six engravings, and relates ten cases.

Some notices of other books are unavoidably held over until next number.

MEDICAL OPINION.

THE TEACHING OF MEDICINE.

Professor Gairdner in a recent pamphlet says:—We require, in the first place, a group of clinical clerks, to whom will be committed the keeping of the ward journals in a great measure; with the proviso, however, that in most cases they shall have been revised and critically compared with the facts of the case before it is finally inscribed. The examination of the details of the clinical record will usually, or as much as possible, take place in presence, not indeed of the whole clinical class, but of a select number of students. Use these opportunities well, gentlemen, for they are invaluable. The record, in its completed form, will be, it is to be hoped, a record of facts; but even facts are often tinged or modified by opinion; and where reasonable differences of opinion arise we shall be careful not to extinguish these, but to preserve them in the form of the record itself, which will in all cases be authenticated by the name of the reporter, and often of those also who have concurred with, or differed from, him in his statement of particular facts. In all cases, moreover, we require *the date* of the observation, and, as much as is convenient, the order in which the facts were elicited, to appear upon the face of the record. We allow no subsequent correction or revision of this (saving for plainly clerical errors), except in the form of a marginal or foot-note, similarly dated; and for this purpose we keep purposely a blank page open opposite every written page of our hospital report. Some of the most instructive of our bedside conferences have often arisen upon these late verifications or corrections of doubtful points in the original records of a case. When, in the course of an ordinary ward visit, I personally dictate the report of a first or of any future observation, it is similarly authenticated, and equally open, as in the case of the report of a junior, to future criticism or correction; and many of you can bear me witness that I never hesitate in allowing an error or a doubtful expression to be fully and deliberately discussed, and the correction, if necessary, duly inscribed as such upon the margin. Indeed, it is in these very difficulties and fallacies of observation that we frequently find the best materials for our clinical lectures. Finally, after a certain period of observation, and after a certain number of presumably exact details have been inscribed, we make upon the first blank page, opposite the beginning of the case, a *summary* of the whole observations, which in many cases, but not always, includes also a definite diagnosis, or at least the materials of one. On a second blank page we inscribe a connected statement of the details of treatment; on a third, the whole series, or a carefully constructed abstract, of temperature observations; on a fourth, urinary observations, &c. Diagrams of physical diagnosis, sphygmograms, &c., are inserted as required in the journals; and thus after a while there is built up gradually a completed record of the case, up to the moment of dismissal from the hospital, or of death.

The *Medical Times and Gazette* says it is evident on the face of it that this procedure cannot be carried on in hospitals with great groups of cases, except the clinical teacher take much upon trust, or, at all events, confide the investigation of the case in the first instance to a skilled clinician other than himself. Certainly with a great number of students it is impossible to make all go through an examination equally elaborate, and so we must come to a mode of teaching which Dr. Gairdner alludes to only by implication—that is, *clinical demonstration.* He admits that, with a large class, one or two must be selected to make the examination; but the practical outcome is this—that the physician himself has to correct these; in other words, to proceed by demonstration. It seems to us, again, that Dr. Gairdner has not overlooked (for the whole is implied in his address), but failed to indoctrinate to a due extent, some of the most important principles of clinical teaching. The fact is that no one would set to work to chop wood with a razor: men must learn to use their fingers, and men must learn to use their ears; and if raw men join a class of clinical medicine conducted ever so well on Dr. Gairdner's principles, what will they learn? Sad experience teaches us—nothing. There must be a subdivision of labour in this kind of teaching as in others. Men must be taught the rudiments of diagnosis before it is good for them to follow a teacher round the wards.

The *Students' Journal* says:—

Under the present system of medical education it seems necessary to ask ourselves the question—Where is the general practitioner of the future? Take the case of a student who enters a hospital immediately on leaving school, and suppose for the nonce that he is desirous of obtaining the diplomas which will allow him to practise upon his fellow-creatures. How grimly that word 'practise' sounds; it means that he is to gain his experience by endeavouring to cure the ills that flesh is heir to. The question inevitably arises, is a man with only this theoretical knowledge competent to battle with the intricacies of disease? We pine in vain for that Utopia which, we are afraid, will never be reached by the General Council of Medical Education. Why should anyone be allowed, in virtue of his diploma, gained by book-knowledge and cramming, to practise vivisection upon his fellow-men?

It is of little use to complain of the present condition of affairs, unless at the same time we suggest some means by which this condition may be ameliorated. This desirable consummation might, in our opinion, best be reached by a revision of the present system of medical education. The lecture system has, we believe, had its day. When text-books were few, and hand-books scarce, the lecturer was a necessity, but at the present time, when all that he can tell us may be found quite as well said, and in many cases better, in the pages of some one or other of our leading text-books, he is an anachronism.

The *Medical Press* says:—

If by "tutorial instruction" and "apprenticeship" our contemporary means personal teaching by a competent surgeon or physician at the bedside, or in presence of and upon the patient, we warmly approve of his view; but if by "tutorial instruction" he means grind-cramming as now existing, and if by "apprenticeship" he means the money-getting sham of the past generation, then we are widely at variance with him.

The lecture system has undoubtedly been abused and overdone, but it is even still altogether preferable to the parrot-teaching of the crammer, while, as regards apprenticeship, it may be said that its value so greatly depends upon the willingness and capacity of the master that it can never again be accepted as proof of competency or experience in the pupil. The education of the future, if the feeling of the profession at large can influence it, will be essentially *practical.* What the student cannot see for himself he must, of course, acquire by lecture or by book; but whatever is within his reach, he must in future learn with his eyes and his fingers, not with his ears and his imagination. It will, we hope, be the teaching of the future that the student shall see, manipulate, and record actual phenomena in physics and disease, and shall supplement the practical knowledge thus gained by following up the subject into its theory and correlation. The yearning for a more practical system of learning is bearing daily fruit in the establishment of physical laboratories, the extension of experimental methods of instruction, and the establishment of clinical examinations, as the most important part of the qualifying test.

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THE ADMISSION OF WOMEN TO THE UNIVERSITY OF LONDON.

At the recent meeting of Convocation, the proposed supplementary charter to admit women to degrees in all faculties, was carried by a majority of 110 votes—242 voting in favour of, and 132 against it.

The *Medical Press* says:—

So far as the admission of women to degrees is concerned, the discussion is at an end, but there is apparently some difference of opinion among the Senate upon the question of their examination, which may be expected to give rise to a difficulty in the framing of the rules, form of examination, &c., for the conferring of the degree. If the Senate will accept our views upon the matter, such difficulty will immediately disappear. We cannot agree with Sir James Paget "that it would be a scandal and a disgrace to the University of London" to allow women to undergo the same examination as men.

To acquire a knowledge of medicine, no part of the present form of education can be omitted, and if women are to acquire a knowledge of medicine, their education must be precisely the same as that arranged for men. If the medical education of men can be tested only by the present form of examination held at the University, by such only can that of women be tested, and any difference made in the examination or any lenience shown to women, will only tend to limit their instruction and their proficiency.

At the present time, women have a medical school and a full-sized hospital in London, where women only can receive instruction and where the form of medical education differs in no respect whatever from that of the other London medical schools. They will, therefore, like men, be prepared for the examination at the University as it now stands, and it would be both unfair to the women, and in other ways unwise on the part of the Senate, to make any material difference between the examinations for the two sexes such as would give rise to the idea among the public that the examination for women was not on an equality with that for men.

The *Lancet* says:—

As we have said, the women's party, as it is called (and improperly called, for it is rather the party of an advanced section of men who seek to thrust women into false positions), have given us no arguments to answer. We cannot accept as arguments a remark made by so eminent a graduate as Mr. Herschell, who stated that he had doubts as to the desirability of admitting women, but that possibly a time must come for admitting them, and that thus his doubts were shaken. But when men occupying the highest position in the University and in the medical world—men whose word no one who is familiar with them doubts—men who, by their straightforwardness, have won the respect of the whole body of their profession, declare that it is immoral to educate women for the medical profession, as men must be educated before they can be justly given the University of London degrees in that faculty, surely the Senate of the University of London should deliberate, and deliberate again, before it invites women to pursue such a course of study. . . . . We would finally ask the Senate of the University to reconsider the whole subject of the admission of women to its degrees. It has gained a victory in Convocation, but it should look to names as well as numbers. We claim, as we have said, to know more of the Medical Faculty than the outside world; we repeat that the vast majority of this faculty, as of the profession, believes that, not only the University, but the public would suffer by the encouragement of women to compete for medical degrees with men. And we would ask the Senate whether, as Professor Lister pointed out, the Medical Faculty should not have a voice in the settlement of the question of the admission of women to degrees in medicine. The difficulty which has beset the University of London for so many months might have been solved with satisfaction to all had the executive endeavoured to meet the wishes of those who, though, as events have shown, in a numerical minority, are practically a majority, and possessed of the power, if they chose to exercise it, of causing a disruption of the University of London.

The *Medical Times* says :—Thus the University of London has resolved to ask the Crown for powers to grant degrees to women as it now grants them to men. Mr. Herschell drew the attention of the House very distinctly to this point—that the Charter is permissive, and not compulsory. The regulations for the examinations have still to be framed; and it is to be hoped that the Senate, in deference to the feelings of a large number of the graduates, will so modify the present arrangements, in the application of them to women candidates, that competition between the sexes shall as far as possible be avoided, and that propriety shall be preserved. We doubt, however, how far the latter object can be attained, for if women are to receive the ordinary degree of Bachelor of Medicine or of Surgery, they must be examined on all the subjects—anatomical, physiological, and pathological—the same as men. We confess we fear that many of the distinguished men now examiners in these subjects, would be ashamed to meet and examine certain of the lady candidates that might present themselves. Let the Senate therefore make, as far as possible, provision in these directions, but always in such a way as in no point to deteriorate the value of its degrees.

The *Medical Examiner* says there is one great reason why we regard the recent vote of Convocation with such unmitigated satisfaction. Recently it looked very much as if the London University, like some *nouveau riche*, was trying to make up for its short pedigree by aping the conservatism of the older universities. It seemed to be loosing its hold on those great principles on which it was founded; indeed, Dr. Tilbury Fox, with a rapid transition from cozenings to threats, taunted Convocation with the strong current which as he said, was setting in against the views of Bentham, Mill, and Grote. The admission of women to all degrees proves that Convocation has still faith in those principles of liberty, equality, and justice, of which the University has ever been the embodiment, and that it is willing boldly to carry them out to their logical conclusion. The University is becoming more powerful, as its position is more assured, it dwells in a fine house, and but for the conduct of some of the speakers on Tuesday last, we should have said that its members were in every way becoming more civilised; and though others are coveting its privileges, it does not fall back on the narrow exclusiveness of the successful *parvenu*, but still keeps faithful to those principles of enlightenment and progress to which it owes both its origin and its success.

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JOTTINGS FROM JOURNALS.

TREATMENT OF RANULA.—Dr. Panas injects into the tumour from four to ten drops of a solution of chloride of zinc, one in ten. In one obstinate case in which a seton and drainage had failed, the injection was repeated with a 20 per cent. solution. This treatment, he thinks, applicable to all varieties of mucous and serous cysts. It has succeeded in a case of subhyoid cyst, which had resisted cauterisation and the injection of tincture of iodine, but yielded to a single injection of chloride of zinc.

THE PHYSICAL DIFFERENTIAL DIAGNOSIS OF PLEURAL EFFUSIONS.—Valentiner endorses, in the *Berliner klin. Wochenschr.*, the statements of Baccelli, of Rome, on this subject. With his ear firmly pressed against the part of the chest, which is dull to percussion, and with the other ear closed, he directs the patient to distinctly pronounce some word. The freer the effusion from pus, blood corpuscles, clots, and flakes of fibrin, the more distinctly will it transmit the pure laryngeal sound.

HÆMORRHAGIC SARCOMA. (*Prager Vierteljahrschrift*).—Two cases examined by Dr. Weil lead him to the following conclusions as to the genesis of the affection. Sarcoma cells develop in the striped muscular fibres by a furrowing of their contractile substance. Every furrowed section corresponds to a muscle-granule, the number of which is increased, and these are perpendicular to the axis of the fibril. The furrows run in the same direction. In some other cases, however, only the sarcolemma granules appear to contribute to the formation of the tumour element, the muscle-granules being apparently passive. He could determine nothing new concerning the development of the blood-vessels.—*St. Petersburger Medicinische Wochenschrift*, No. 42, 1877.

DIURETIC ACTION OF CAFEIN.—Prof. Gubler related several cases to the Sociètè de Thèrapeutique in proof of this. One of these was that of a man with dropsy from disease of the heart, to whom digitalis had been given with but slight result. After the injection of thirty centigrammes of the bromhydrates of cafein, diuresis commenced on the second day, gradually increasing until four litres and a half of urine were passed. When the injections were arrested, the urine again diminished, to increase again after their resumption. Prof. Gubler observed that with cafein the diuresis is abundant and almost instantaneous, while with digitalis the increase of urine only takes place on the second or third day. The citrate or bromhydrate of cafein does not excite any irritation in the cellular tissue. M. Constantin Paul stated that he attached great importance to the state of the pulse in the use of digitalis, and when it fell to sixty he suspended this, as after then, in spite of the continuation of the symptoms, it acts a poison. Prof. Gubler said that with cafein the pulse diminished only a few beats, and became more regular; but as a "tensor" of the circulation, cafein is inferior to digitalis. Even sixty beats are too low for patients to take digitalis who have disease of the heart. Digitalis should be given only for five days if tincture is employed, but only for three or four days when infusions or macerations are prescribed. Whatever preparation of digitalis be employed, its effect is to determine diuresis, except where there is no dropsical effusion to eliminate, or when there is "imbecility" of the kidney. —*Gaz. Hebdom.*, December 7.

BROMIDE OF ARSENIC IN THE TREATMENT OF NERVOUS DISEASES.—Clemens (*Allg. Med. Central Zeitung*) states that he has obtained astonishing results with bromide of arsenic in the treatment of diseases of the nervous system, and especially epilepsy. The following is the formula which he thinks should replace Fowler's solution :—Pulv. arsenic alb., potass. carb., aa ℥j. ; coque cum aq. dest., ℔. ss. ad solut. perfect; aq. evaporat. adde aq. dest., ℥xij. ; brom. pur. ʒij. refrigerat. S. arsenic bromatum. Of this he gives one or two drops in a glass of water once or twice daily. This dosage may be continued for months, or even years, without producing any unpleasant effects. In only two cases of epilepsy did he effect a complete cure, but in all the cases, marked relief was obtained. In connection with the bromide of arsenic an almost exclusively meat diet is advised. The patients should be as much as possible in the open air. Unlike the bromine of potassium, the arsenical salt does not require to be given in increasing doses, and instead of interfering with digestion, improves the nutrition and strength.—*Chicago Med. Journ. and Exam.*

Stomatoplasty.—In a case of cicatricial contraction of the jaws, in which the mucous membrane of the cheek as far as the masseter, and the gums, were extensively destroyed, Dr. Gussenbauer replaced the mucous membrane by a pedunculated horizontal flap cut from the skin of the cheek, and turned so that the epidermic surface looked towards the interior of the mouth. At a second operation, the bridge of tissue connecting this flap with the exterior was divided, and fastened to the anterior part of the mouth. Finally, the defect in the exterior of the cheek was repaired by skin taken from the submaxillary region in the neck. The result of the operation was the restoration of the normal movements of the jaw. The case may be regarded as a typical one of the contractions which result from ulcerative stomatitis, noma, and injuries.—*Archiv für Klinische Chirurgie*, Band xxi; and *Centrallblatt für die Med. Wiss.*, Dec. 29.

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CORRESPONDENCE.

THE ABUSE OF DRUGS.

TO THE EDITORS OF THE DOCTOR.

Sirs,—The subject of the abuse of drugs is one which all hospital physicians of long experience have much to say about. One of our most witty predecessors, Montaigne, used to say, I am told, that he prayed he might get no medicine until he was strong enough to bear it. We have had the pleasure of reading in one of the American journals lately, the remarks of Prof. Frank Hamilton, of New York, on the subject, and I must say I echo much that he says with all my heart. Dr. Holmes, too, in one of his amusing novels, has written that it would be well for the world if most medicines were thrown into the sea; it might be bad for the fishes, but it would be better for mankind. "That the major part of the world," says Dr. Hamilton, "do not agree with that idea, is plain. Indeed, most people seem to think that the chief end of man is to take medicine." That is my own personal experience in London, in hospital and dispensary practice. Babies take it along with their mother's milk; children ask for it; men, and especially women, incessantly cry for it, and will not die without it.

"Shrewd men," says Dr. F. Hamilton, have taken advantage of this instinct; and in most civilised nations, it is to-day one of the chief articles of manufacture and of commerce. It is one of those things that are never permitted to be out of sight, but is thrust into you in the nursery, in the streets, upon the lamp-posts, and upon the curbstones; along the highway from the rocks which border the rivers, the medicine chest follows you to sea, as if the sea itself, a vast gallipot of nauseants, were not enough. In this model city of New York, a drug store sends its blue and green lights from every business corner not occupied by a liquor store, giving a ghastly and ominous complexion to the faces of all who pass or enter."

Now I sometimes think that we are too fond of encouraging the public in this absurd desire for swallowing physic. What man is there among us who would take much physic himself, or allow his own family to take much, save on the most exceptional occasions? My experience of my brethren makes me answer, very few indeed, and these not among the ablest in our ranks.

"Jeanie Deans," says Dr. Hamilton, "on her sad journey to London, stopping at the great city of York, when on the way to implore the mercy of Queen Caroline on behalf of her poor sister Effie, wrote back to her mother, as the first token she had derived from her long foot toil, that 'they hae mair medicines in this town of York than wad cure a' Scotland, and surely some of them wad be gude for your complaint.' With what an increase of comfort and acceleration of hope, had the great city (of New York) been in her way, might she have looked on the prodigious stores of medicine displayed on the shelves of its drug stores. Enough, one would say, to cure not only all Scotland, but all the world besides. One might naturally suppose that the supply would equal the demand; but it does not. Everywhere the people are stretching out their arms, and begging for medicines, blessing him who gives and cursing him who withholds. They believe, in their simplicity, that if medicines can do no good they can at least do no harm. They imagine, also, that there is a medicine which may be regarded as a specific for every human malady, and that these are known to science, and that therefore we have the means of curing all diseases; but the people imagine a vain thing."

Whatever medicine is capable of doing when well administered is equally capable of injuring when not properly administered; and an Irish patient said that his doctor so stuffed him with physic that he was sick a long time after he was cured. There is no taint of treason in such remarks as those of Dr. Hamilton. They never were more needed than they are even in London at this day. Hospitals and dispensaries vie with each other in furnishing oceans of draughts and tons of pills to the poor of London annually, most of which they would be far better without. A little wholesome advice about bad habits, such as beer or spirit drinking, to the males, mingled with reflections on the value of exercise and cleanliness; and in the case of women, a short lecture against tea-swilling and in-door life—such are the true remedies wanted by vast masses of our hospital patients in lieu of drugs. In such cases physic is, indeed, worse than useless.

I remain, Sir,
Yours obediently,
C. R. Drysdale, M.D.

17 Woburn Place, W.C.

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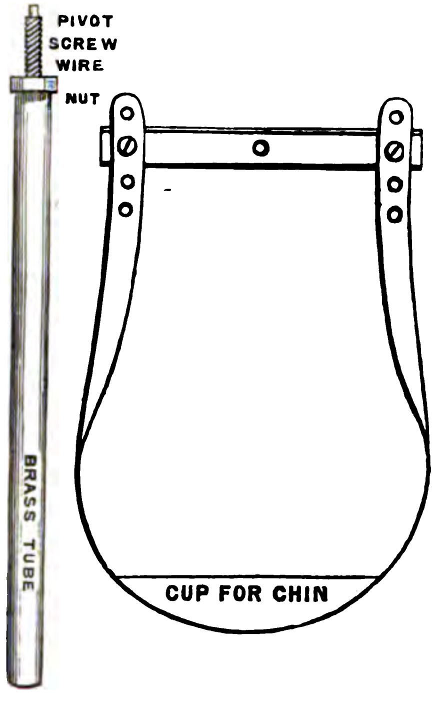
NOVELTIES.

TAYLOR'S APPARATUS FOR POTT'S DISEASE IN THE CERVICAL AND UPPER DORSAL REGION MOUNTED ON THE PLASTER OF PARIS JACKET.

By Charles P. Putnam, M.D., Boston.

In the "Transactions" of the American Medical Association, Prof. Sayre has described and figured an appliance for suspending the head in connection with the plaster of Paris jacket. The jacket of course only serves as a pedestal on which to erect what Prof. Sayre calls a "jury mast," but it certainly makes a very good pedestal.



Taylor's method of treating Pott's disease (*Archives of Clinical Surgery*, June 15, 1877) in the upper part of the spine is not, as is well known, to suspend the head and so draw the vertebræ apart, but to apply counter pressures on the chin and on the prominent vertebræ in such a way as to throw the weight of that part of the body which is above the diseased portion on to the articulating surfaces, and thereby relieve the bodies of the vertebræ.

The following has been found to be a simple and effective means of accomplishing this end.

The plaster jacket is put on in the ordinary way except that a promontory is built up from it at the back quite on to the diseased portion of the spine, and in the process of construction a brass tube about a foot long and half an inch in diameter is imbedded in the back of the jacket and in the promontory. When the plaster has set a large screw wire nearly fitting the tube is slipped into it so far that the upper end of the wire is at about the height of the chin, and it is kept in this position or adjusted at will by a nut which is screwed down so as to rest on the end of the tube. The threads are filed off for about half an inch at the top of the wire to form a pivot for the chin piece or collar.

The collar may be of the simple efficient kind ordinarily in use with Taylor's apparatus, but one that is equally efficient, very easy to make and only a little less sightly is composed of a short straight strip of iron or steel for the back part and a long strip bent into a bow or letter U for the front and sides. The straight piece has a hole in the middle to receive the pivot and a screw hole and screw at each end to attach the U piece, the ends of which are twisted so as to bring them into the proper plane. Several holes are drilled through these ends, those on one side being so large that they allow the head of the screw to pass through, whereby the collar is easily put on or removed.

The front part is finished to receive the chin in the usual manner.

The only advantages that can be claimed for this collar are its cheapness and more easy adjustibility.

In practice this method of applying Taylor's apparatus has left nothing to be desired except that the plaster of Paris became in a few days rather brittle. It was perhaps of poor quality. The difficulty was, however, overcome by covering it with a layer of bandages wet in silicate of potash, which has made it perfectly firm.

TELEPHONIC AUSCULTATION.

W. B. P., in *The Medical Press and Circular*, says:—Last night I listened to a young lady's chest with a telephone; the young lady stood in the hall, and I was thirty feet away, in the dining-room. One cylinder was placed on the chest, and the other at my ear, the connecting thread of the little toy being kept quite tense. I heard the healthy sounds of a very healthy chest quite distinctly.

IN THE LABORATORY.

ABOLITION OF PERMANENT GASES.

The greatest triumph of last year was the liquefaction of oxygen, hydrogen, nitrogen, and atmospheric air. This was accomplished, so far as at present appears, at the end of December, by two independent experimenters, M. Raoul Pictet of Geneva, and M. Cailletet of Paris; so now permanent gases as a class are abolished. The task which baffled Faraday and others, has been accomplished, and those who wish to see how it was done will find it in the *Comptes Rendus*. A good account also appeared in the *Pharmaceutical Journal* of the 12th ult, and there will yet be much more published on the subject. M. Cailletet exhibited a vapour or "dense fog" of the gases, but M. Pictet has shown a liquid jet coming from his tap. Neither has been able to collect or keep them in a fluid state. Intense cold and immense pressure were the agents employed. A cold of—100° Cent, a pressure of 200 to 300 atmospheres.

BITTERS FOR BEER.

Professor Galloway, of the Irish College of Science, writes to the Dublin papers to say that his attention was directed to an advertisement which appeared in one of the journals devoted to the brewing trade of a bitter as a substitute for hops. He procured a sample of this bitter, but there was great difficulty in obtaining it, as the vendors were careful to whom they supplied it. It was found to be picric acid, mixed with a little colouring matter.

RUSSIAN BREAD.

An Austrian military paper, the *Vedette*, states that some bread of the same kind as that issued to the Russian troops in Bulgaria, was recently obtained and examined by the military intendance in Vienna. A careful analysis showed that the bread contained 19 per cent. of sawdust, and 14 per cent. of sand.

TEST FOR MILK.

A German paper gives the following as a test for watered milk. A well-polished knitting-needle is dipped into a deep vessel of milk and immediately withdrawn in an upright position. If the sample is pure some of the fluid will hang to the needle, but if water has been added to the milk, even in small proportions, the fluid will not adhere to the needle.

TROY OR AVOIRDUPOIS.

Professor Redwood has explained that the sign ℔ should always represent the troy pound; that lb. represents the avoirdupois pound. ℥ stands for the troy ounce (480 grains), and oz. for the avoirdupois ounce (437½ grains).

PURITY OF WATER.

In the last session of the "Deutsche Gesellschaft für öffentliche Gesundheitspflege," Dr. Falk described a new method of testing the purity of drinking-water by electrical experiment. From researches carried on in the laboratory of the School of Artillery in Berlin, it appears that the conductive properties of water for the electric current vary rapidly according to its degree of purity, the resistance decreasing with the purity of the water. It is possible, it is said, in this manner to detect with great ease the presence of small quantities of organic matter in water.

THE CHLORIDES IN THE URINE.

Dr. Zuelzer, from numerous experiments, concludes that the chlorine in the urine is combined not only with sodium but with potassium; and (2) that in conditions of excitement of the system the quantity of common salt is diminished, whilst that of potassium chloride is augmented; whilst in conditions of depression the reverse obtains.

HINTS ON MORBID HISTOLOGY.

Many practitioners, and we may add students, are deterred from preparing pathological microscopic specimens because of the trouble and difficulty in doing so. Many more sections would be made and mounted if students knew of some easy and universally applicable process requiring few reagents and little practice. In a paper in the January number of the *Birmingham Medical Review*, Dr. Robert Saundby makes some suggestions on this subject which seem to us so useful that we feel tempted to give a brief *résumé* of his remarks for the benefit of our readers.

For hardening the piece of tissue, a small cube, less than a cube of half-an-inch, is first put into a bottle with about half an ounce of saturated solution of picric acid. In from twenty-four to forty-eight hours it must be transferred to another bottle and enough gum poured over it to cover it. After being left twenty-four hours, it should finally be transferred to methylated spirits, after remaining in which for two or three days it is ready for cutting into sections. If not hard enough a fresh supply of alcohol may be added, or sometimes the whole process may be repeated. This is the method recommended by Dr. Saundby in preference to all others. For cutting specimens hardened thus, he says a microtome is essential. The embedding mixture he recommends is composed of melted paraffin (ordinary paraffin candle), to which a fourth part of olive oil has been added. The sections as cut should be placed in water to soak, which dissolves out the picric acid.

For staining Dr. Saundby recommends carmine as the most universally applicable and most permanent. He dissolves a little carmine in water, and adds a few drops of liquor ammoniæ; the solution is then boiled a few minutes to drive off excess of ammonia, and then added to a saturated solution of picric acid until neutralisation is *nearly* effected. The sections may be left to stain in a watchglassful of this solution twelve to twenty-four hours without danger, then washed in distilled water, placed in glycerine (Price's) to render them transparent, and mounted in glycerine jelly. Dr. Saundby says that in specimens stained by carmine, mounted in this manner, the nuclei are all coloured a brilliant red, the white fibrous tissue is perfectly white, its bundles being beautifully distinct, and both varieties of muscular fibres stained pink.

Sections of fatty tissues and nervous organs must (after the washing in distilled water) be soaked in spirit and water, then in strong spirit for two minutes, finally cleared in turpentine or oil of cloves, and then mounted in dammar solution.

The glycerine jelly is prepared by soaking two ounces of glycerine in water for half an hour, and then taking it out with what water it holds, and melting it in a jelly-can placed over the fire in a saucepan of boiling water; stir it well, and add glycerine ℥j., acetic and carbolic acids aa ʒij., and continue to stir till the whole is thoroughly incorporated; lastly, boil it with a little egg albumen, and strain it through filter paper in front of a hot fire. Pour it into test tubes and cork them up.

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NOTES, NEWS, AND GOSSIP.

EXTIRPATION OF THE LARYNX.

The event of the month has been the exhibition at the Medical Society of London of the patient on whom Dr. Foulis performed this operation as chronicled in our last issue. The vocal apparatus works admirably, and the case excited congratulations from several speakers. Perhaps the most noteworthy of these was on the part of Mr. Lister, who had beforehand advised the patient not to try it. The result must be very gratifying to Dr. Foulis. The only fear is lest the enthusiasm excited should lead to the operation being performed when a less serious one would suffice. For this reason, it is not to be regretted that one speaker was against extirpation. All the others seemed to consider it would become a recognised operation in certain cases.

Some letters have since appeared in the *Lancet* of the 26th, in which also Dr. Foulis completes the record of the case with illustrations. In one of the letters, Dr. Prosser James estimates the relative advantages of partial and total excision—of *ex*section as distinguished from *re*section. He congratulates Dr. Foulis on the case.

The Sense of Smell may, according to Dr. Dupuy, of New York, aid in the diagnosis of tubercular meningitis; patients having that disease emit an odour closely resembling wet linen. The odour in tetanus, on the other hand, is that of a wet cloth coat. On this the *Louisville Med. News* observes, when it is remembered that a case of eclampsia smells like a damp vest, and hydrophobia like a moist shirt collar, it will be seen at a glance what strides we are making in differential diagnosis.

German Medical News.—A writer in the *Allgem. Wiener Med. Zeitung* (Dec. 3), has discovered that English doctors get paid in advance, and that the public have become so accustomed to it, that no one would think of allowing the doctor to be sent for before his fee was ready for him. It never enters into the head of a doctor to pay a professional visit under any other conditions. It is well known that in England and France not a single visit is made, even to the poor, for which either the parish or the State does not pay. Never is a practitioner allowed in those countries to make a gratuitous visit. Where did the writer get his information? Some one must have hoaxed him.

Fecundity of Women in South America.—Dr. Posado-Arango, writing from Antioquia, in Columbia, South America, observes that the occupation of wet-nurse does not exist here, as every woman, rich or poor, suckles her own child until signs of a new pregnancy are apparent, which is usually the case in the ninth month—so that every child is eighteen months older than the one which succeeds it. There are, however, many women who produce children who are in good condition every eleven months. Thus suckling is nowise in opposition to procreation. Every marriage gives rise usually to from ten to thirteen children, and there is a lady here who has thirty (some of them twins) living children. A man, also, who has married three times, has had fifty-one children; and as his last wife is still young, he may perhaps reach his sixtieth child. Women marry early, from thirteen to sixteen years of age, and begin menstrating at thirteen or fourteen. The nature of their nutriment certainly contributes to this great fecundity. Maize forms the principal basis of this; and its influence is also observable with respect to hens and sows.—*Union Méd.*, Dec. 4.

Glasgow Infirmary.—By the will of the late Mr. John Freeland, who died recently at Nice, the Western General Infirmary of Glasgow, becomes entitled to a legacy of £40,000, payable within a year from this date, which is to be applied in the erection and equipment of an additional wing to the institution.

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DEATHS.

Allwood.—On board the outward bound Ship *Northumberland* to Melbourne, John P. Allwood, L.R.C.P., M.R.C.S., Surgeon in charge, aged 33.

Blennerhasset.—On Jan. 14, at Coolaney, co. Sligo, Rowland Blennerhasset, M.D.

Blundell.—On Jan. 15, at Piccadilly, James Blundell, M.D. aged 87.

Butter.—On Dec. 24, at Hazlewood, Upper Norwood, Donald Butter, M.D., Inspector-General of Hospitals, Bengal Service, Retired List, aged 78.

Clarke.—On Jan. 9, at Lynton, Devon, John Clarke, M.R.C.S.E. aged 80.

Cockerton.—On Jan. 24, at his residence in Montgomery, Henry Miles Cockerton, M.R.C.S., aged 53.

Collier.—On Dec. 23, at Chiswick, George Frederick Collier, M.D. aged 78.

Croswell.—On Jan. 19, at Llandboidy, Carmarthenshire, Charles Lewis Croswell, L.S A.L., aged 67.

Davies.—On Jan. 16, at the Wilton Hospital, Salford, Francis Thomas Davies, L.R.C.P.Ed., aged 24.

Davies.—On Dec. 19, at Llanidoes, William Abel Davies, M.R.C.S.E., aged 45.

Edwards.—On Jan. 18, at St. Lawrence Road, Notting Hill, David Owen Richards, M.R.C.P.L., aged 77.

Elliot.—On Jan. 7, of cholera, at Chowringhee Road, Calcutta, Surgeon-Major John Elliot, M.D.

Ferrier.—On Jan. 22, at Redhill, Surrey, Constance Mabel, aged 24 years, daughter of David Ferrier, M.D., F.R.S., of 16 Upper Berkeley Street, London.

Godfrey.—On Jan. 3, at Herne Bay, Thomas Godfrey, F.R.C.S.E., aged 58.

Gunn.—On Jan. 5, at Forres, Robert Gunn, M.D., aged 35.

Hall.—On Jan. 14, at Richmond Road, Hackney, Wm. Hall, F.R.C.S., aged 79.

Hawker.—On Jan. 1, at 26 White Horse Lane, Stepney, E., Charles Hawker, M.D., aged 59.

Henderson.—On Jan. 14, at Westoe, Thomas Henderson, Surgeon, aged 42.

Holt.—On Jan. 11, at Uckington, Cheltenham, Joseph Rose Holt, M.R.C.S.E., aged 85.

Hooper.—On Jan. 3, Alfred Hooper, F.R.C.S.Ed., of Clapham Common, aged 44.

Johnson.—On Jan. 19, at Hildon Manor, Rock, after a short but severe illness, Samuel, second son of the late Samuel Johnson, M.D. Univ. Edin., of Foxley, aged 28.

Kerr.—On Jan. 12, at The Hale, Newnham-on-Severn, William Charles Kerr, M.D., aged 78.

Lang.—On Jan. 5, John Lang, M.D., of Southport, aged 49.

Lipsett.—On Jan. 6, at Raglan Road, Dublin, Lewis Edward Lipsett, F.R.C.S.I.

Lyall.—On Jan. 13, at Lennoxtown, Stirlingshire, William Lorimer Lyall, M.D.

Moran.—On Jan. 9, at Tulsk, co. Roscommon, Patrick Moran, M.D., aged 81.

Peacey.—On Jan. 23, at Tewkesbury, Wm. Henry Peacey, M.R.C.S. aged 59.

Pollard.—On Jan. 9, at Charlbury, Oxfordshire, William Pollard, M.R.C.S.E., aged 83.

Ritchie.—On Jan. 27, at 27 Newton Road, Bayswater, Charles Ritchie, late President of the Faculty of Physicians and Surgeons, Glasgow, aged 79.

Stokes.—On Jan. 7, at Carreg Braec, Howth, co. Dublin, William Stokes, M.D., F.R.S., D.C.L. Oxon., Regius Professor of Physic in the University of Dublin, aged 76.

Taylor.—On Dec. 28, at St. James's Railway Station, Liverpool, suddenly, John Taylor, M.R.C.S.E., aged 70.

Wallace.—On Jan. 21, at Cardiff, Samuel Wallace, M.D., aged 51.

Wharton.—On Dec. 21, at Bedford, George Wharton, M.D.

THE DOCTOR.

LONDON, MARCH 1, 1878.

Multum in parvo.

"HOME HOSPITAL MOVEMENT."

Philanthropists and *others* having rather abundantly supplied us with hospitals, infirmaries, dispensaries, and other medical charities, and—what not, seem disposed to push their energies yet a little farther, and apparently in a totally different direction from that hitherto regarded as the most useful one. "Green fields and pastures new" it may be all very well to be ever on the look out for, but there is a danger against which it may be necessary to guard—that of a too far look out—and being deceived by the surface verdancy of what may prove quagmires, if not whirlpools. The age of plot and plan is no doubt rife, busy brains are in ceaseless action, and, as a consequence, there is a danger of riot-running and catastrophe. We thus caution the promoters—influential as they may be—in part—against precipitancy in this new undertaking—that of attempting to revolutionise the present order of things in so far as people of moderate means, their homes and their medical attendants, are concerned. We do so advisedly, for on looking down the list of what we must call the promoters, we observed the names of some professional "pot boilers," in the blatant sincerity of whom we have no faith. This home hospital movement may be a step in the right direction, or it may not be so. If it become a great success we shall be greatly surprised, but should it prove a stupendous failure (financially, of course?) we shall not regard ourselves even as pigmy prophets.

We append copy of the "four reasons" given in the "Medical memorial" (it does not state to whom presented) why the undertaking should proceed:—

1st. To provide hospital treatment, skilled nursing, a convalescent institution, and other accommodation for the benefit of all classes, when attacked by illness, who can afford to pay; and for the assistance of the medical profession generally.

2nd. To provide, furnish, maintain, and regulate such buildings with fittings and convenience for the benefit and comfort of patients and others.

3rd. To co-operate with the managers of the present hospitals supported by private charity, with the object of preventing the abuse of hospitals by people who can afford to pay for their treatment.

4th. To provide for the assistance of the medical profession, and for the benefit of the public, a well-regulated hospital, to which the former can send, with confidence, private patients who can afford to pay adequately for the accommodation which they require, and in which the patients will have the advantage of being treated by their own doctor.

They read extremely lachrymose, and make us think that if even *that* New Zealander—whose stately and solitary presence is to stoically gaze from atop of that *un*dismantled "pile" London Bridge, on the desolatory ruins of St. Paul's—were to take time by the forelock, and *now* "drop in" and read the agony submitted by the "directory" to a discriminating public, he would be likely to exclaim with Smith—not Goldsmith—

> *Ills* fare the land, to every ill a prey,
> Where brass accumulates, and—doctors say.

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CHRONICLE.

HYPODERMIC INJECTION OF NITRATE OF SILVER IN NEURALGIA.

A French journal gives the result of the injection of a solution of nitrate of silver in several cases of severe and intractable neuralgia, five to ten drops of a solution of one part to four or five of water being employed. Intense pain followed, and then inflammation and suppuration, forming an abscess. The cure, however, was complete. The editor of the *Pacific Med. Journal* has injected 10 drops tincture of aconite in similar cases with very good results, and without the extreme local irritation caused by the nitrate. By combining the aconite with one-fourth to one-half grain of morphia severe pain as an immediate result is prevented. Neither aconite nor nitrate of silver seem to us likely to be extensively used by the hypodermic method.

THE EXCISION OF HARD CHANCRES.

Considerable success seems to have followed this practice, which has now been for some time followed by Professor Auspitz, of Vienna. From the *Vierteljahschrift für Derm. und Syph.*, 1877, we learn that he has excised hard chancre in thirty-three cases, as first recommended by Hueter in 1867. The results are:—1. In a large number of cases no further syphilitic symptoms appeared, although at the time of the operation there was almost invariably indolent enlargement of the inguinal glands. This fact Auspitz regards as a proof that the initial sclerosis is not a pathological result of a pre-existing general systemic infection, but a starting-point or original depôt for the infective material by which syphilis is transmitted. 2. In those cases where no secondary induration appeared after excision in the seat of the former chancre, there were, as a rule, no further symptoms of syphilis. 3. In some cases excision was followed by secondary induration and a general outbreak of cutaneous and other syphilitic phenomena, but here the probability is that either the whole of the original chancre was not removed, or that the disease had spread too far along the neighbouring blood-vessels before excision was performed. 4. In four cases the hard chancre was preceded by a soft sore, and in none of these did general symptoms follow excision. 5. The operation can be recommended as a preservative measure against general infection where the induration has been of short duration, where no lymphatic glands are indurated but the inguinal glands, and no other syphilitic symptoms are to be detected; and where the chancre is favourably situated, and can be properly dressed and attended to after the operation. 6. Further evidence is required to show whether excision exercises any influence on the duration or severity of the general syphilitic symptoms in those cases in which it fails to prevent their outbreak, but there are grounds for believing that it possibly may.

OVARIOTOMY, TERMINATING IN SUDDEN DEATH.

Mr. E. Stamer O'Grady, Surgeon to Mercer's Hospital, Dublin, and Member of the Court of Examiners of the Royal College of Surgeons in Ireland, has published a case of this kind, which is of great interest. The operation was performed on 22nd November last, and the catastrophe took place the next day in presence of the operator, who, after full details as to his operation, proceeds as follows in *The Medical Press* of the 16th ult. :—

The surgeon seldom happens to be a witness at the moment when sudden seizures such as and similar to what occurred in this case take place, the circumstances attendant on which have been given in considerable detail, and the accuracy of which can, on the present occasion, be vouched for. Probably, among those who may read the case there will be diversity of opinion as to the cause of death. Indeed, it may be a question as to how far there was direct connection, if any, between the operation and the result. In Peaslee's excellent work embolism is mentioned in a passing way as one of the possible causes of death after ovariotomy, but examination of the literature of the subject and the personal experience of surgeons, tend to show how rare a termination is such as that which occurred in the present case. The very careful autopsy made by a skilled and experienced pathologist failed to find proof of the supposition that death was caused by embolism, and so far favours the view of its being consequent on some obscure form of secondary shock. Our knowledge of the sudden mode in which carbolic acid kills when taken in its concentrated form as a poison goes for nothing in such a case as the present—in face of the habitual performance by some of their ovariotomy operations under the carbolised spray, much larger quantities, in more concentrated form, of this agent being so applied to the peritoneal membrane than was the case in this instance. Moreover, the employment of carbolised and other injections into the peritoneal cavity has long been a thoroughly well established line of practice. Perhaps there may be such a thing as similar individual idiosyncracy to this drug as exists in some folks with regard to mercury, &c., the use of which, we know, acts in some persons at once as direct and specific poisons—notably to the various anæsthetics, and in isolated individuals to even certain ordinary articles of diet.

GLOSSOPLEGIA AS AN EFFECT OF DISEASE OF THE BRAIN.

Dr. **Brown-Sequard**, in an elaborate lecture published in the *Lancet* on this subject, thus sums up his facts, and some of the conclusions they lead to.

1st. That the tongue may be paralysed on the side of the only lesion found in one or several of the various parts of the brain, far away from the medulla oblongata.

2nd. That such a direct hemiglossoplegia may be on the side of the paralysis of limbs or on the opposite side, or without paralysis of any other part except the face.

3rd. A hemiglossoplegia, whether on the side of the brain lesion or on the opposite side, may be caused by a small or an extensive lesion located in almost any part of the cerebral lobes or the base of the brain.

4th. A hemiglossoplegia may arise from a lesion occupying similar parts in the two sides of the brain, and it may then be that the lesion is more extensive on the side of that lingual paralysis.

5th. The loss of the power of protruding the tongue in aphasia is sometimes due to a convulsive retraction of that organ when the patient makes an effort to put it out of the mouth. That inability to push out the tongue may also be due to some ataxical disorder, or result from a general paralysis of the protruding muscles of the tongue.

6th. The inability of protruding the tongue due to brain disease may exist without aphasia, and even without any difficulty of speech, resulting then from a real paralysis of the tongue.

7th. The protruding muscles of the tongue on the two sides may be paralysed from a lesion in only one side of the brain.

8th. The localisation of a psycho-motor centre for the movements of the tongue in certain frontal convolutions is in absolute contradiction with a large number of decisive facts.

9th. The explanations of the appearance of paralysis of the only muscle of the tongue (the genio-glossus) usually weakened in cases of brain disease, consisting in looking upon the lesion as having destroyed or altered nerve-cells or nerve fibres endowed with the function of producing voluntary movements of that muscle, are in absolute contradiction with a very large number of decisive facts.

UTERINE FLEXIONS.

Dr. **Fordyce Barker**, in his address before the New York Gynæcological Society, says :

"I believe that most gynæcologists who are not partisans of the mechanical system of uterine pathology will accept the following propositions :

"Flexions in the virgin cause no symptoms, except a slight dysmenorrhœa unless there be some vitiation of the general health, defective nutrition, neurotic disturbances, or pathological change of the pelvic organs other than the flexion.

"In some married women in whom flexions exist all the functions of the uterus—menstruation, conception, gestation, and parturition—are performed without any apparent difficulty due to change of the form of the organ.

"In the married, however, these flexions may become a source of irritation, and be one of the factors in producing functional disorders, neurotic disturbances, and pathological changes of structure not only in the uterus, but in the adjacent tissues.

"Mechanical treatment, such as the use of pessaries, or surgical, such as the division of the posterior lip backward, is neither safe nor useful, till all associated pathological conditions due to antecedent or coincident inflammation have been overcome.

"All treatment, whether local, surgical, or mechanical, will fail in curing uterine disease so long as the blood is deficient in its proper proportion of nutritive elements ; and therefore appropriate constitutional treatment is essential to success."

AFFECTIONS OF THE CLIMACTERIC PERIOD.

Professor **Krafft-Ebing** says, in the *Zeitschrift für Psychiatrie*, that a woman's mind is influenced in three distinct ways by the climacteric. 1. It is natural that at the time of cessation of her sexual functions, all the circumstances of her past life, whether they have been happy or otherwise, should be brought vividly before her, and form the subject of continual reflection ; not unfrequently, especially if adult life have been unsuccessful or unhappy, the result of these broodings is painful mental depression, or worse. 2. The changed and often pathological general sensations which accompany the climacteric process of involution often lead to hypochondriacal troubles, the fear of severe bodily disease, such as cancer, &c. The patient's nervousness is also increased by the knowledge that the climacteric is generally admitted to be a period critical to life and health. 3. The psychic functions are directly influenced by the functional and organic physical changes which take place in the body at the time of the climacteric, and which vary from the slightest physiological disturbances to the most severe pathological changes. These three modes of origin of psychic disturbance have all the more power if the central nervous system be already overworked, or perform its functions abnormally.

MILIARY TUBERCULOSIS A GERM DISEASE.

In connection with the experimental evidence that advanced by Klebs (*Prager Med. Jahresber*, 1877) in proof that acute miliary tuberculosis belongs to the acute infectious diseases as being produced by a specific germ, the "monas tuberculosum" described in detail in Kleb's report, the following *résumé* of the paper read by Prof. Ponfick at the Naturforscher convention at Munich, prepared by the *Med. Cent al-Zeit.*, translated in the new number of the *Clinic*, is of no little interest :

General tuberculosis has been referred, since the publication of Buhl's theory, to a virus supposed to emanate from some disease process somewhere in the body, whence it finds its way into the blood or other juices, and thence is disseminated over the body to produce numberless secondary deposits. Although many and weighty arguments have been adduced in support of this view, anatomical, chemical, and experimental, the absolute demonstration of the infecting substance either in the blood or amongst the nodules has never yet been made. The lymph vessels, however, have always been regarded as the conduit tubes for the transmission of the virus into the blood. Numerous cases have, indeed, been recorded where a local development of tubercle in the adventitia of these canals has occurred in places where the lymph tubes were in immediate connection with caseous deposits.

He has lately undertaken the examination of the thoracic duct in these cases, and discovered that this duct remains intact in all cases of localised tuberculosis, but that in the majority of cases of generalised tuberculosis it is effected in a singular way, a multiple eruption of small tubercular nodules having developed in its intima. These deposits may serve as proofs that a highly abnormal lymph, that is, a lymph containing a specific irritant, must have passed through the tube. These nodules are the traces of the passage of impurities into the blood, impurities which we have not been able to recognise as yet, but whose demonstration, from such visible effects we await with perfect certainty.

THE GLYCOGENIC FUNCTION OF THE LIVER.

Dr. W. H. Ford, in an article upon the influence of temperature in the transformations of glycogen and hepatic sugar, sums up our present knowledge of the glycogenic functions of the liver, in the *New York Medical Journal*, as follows :

1. The induction of dextrinoid and amylaceous matter, and of sugar, from the digestive tract effects a prompt increase of glycogen in the liver-cells. Under these circumstances a freshly-made decoction of the liver is opalescent. Even in fasting carnivora, glycogen is found in the healthy liver, and must therefore be formed from the elements of the blood. It is highly probable that glycogen originates in a decomposition of fibrinous or other proteinoid matter, principally brought to the liver by the vena portæ, but in part, perhaps, also by the hepatic artery.

2. Glycogen is more nearly allied to dextrine than to starch, and is converted into hepatic sugar by all agencies capable of converting dextrine into glucose, with a facility far greater than is observable for dextrine of vegetable origin. In this facile convertability glycogen is like hepatic sugar itself.

3. A certain zymogenous agency resident in the liver or hepatic blood must be invoked as the cause of this change of glycogen into hepatic sugar—a transformation which takes place with great ease at the temperature normal to the liver, but with far less readiness at lower temperatures. This conversion is normally in constant progress, so that the blood escaping by the hepatic veins always contains glucose in small but very constant quantity. It is *probable* that the saccharification of glycogen does not occur in the cells of the liver, but only begins either in the cellular interspaces or in the radicles of the hepatic veins. Even systemic blood is able to saccharify glycogen at the temperature of the body.

4. The glucose thus constantly formed is rapidly borne away by the blood towards the lungs. If the animal be in digestion its quantity is considerably greater than usual, and much of it escapes through the left side of the heart into the general circulation. This seems to be the case habitually with herbivorous animals, which are more or less in digestion at all times; but in fasting carnivora, most of the sugar is destroyed in the lungs, though a certain very small portion may be regarded as normally present in the systemic blood, having escaped the peculiar decompositive influences of the pneumo-cardiac circulation. It is here that glucose is chiefly destroyed, though it finally disappears in the blood-mass, perhaps in consequence of repeated transits through the lungs ; at least, it never appears normally in any of the secretions.

CURE OF ASTHMA.

Prof. Germain See has read to the Académie de Médicine a paper in which, after adverting to the few occasions in which *iodide of potassium* has been hitherto used, he recommended it not for the mere relief of the paroxysm as used by Trousseau, but as a means of effecting the cure of the disease itself. Since 1869, he has met with fifty cases, twenty-four of which he has had under prolonged observation, never for less than a year, some for three or four years. He dissolves ten grammes of the iodide in 200 of wine or water, and gives before each meal, twice a day, eight or nine grammes, so that the patient takes daily sixteen or eighteen grammes of the solution, or one gramme eighty cent. of the iodide daily. After some days this quantity is gradually doubled, syrup of orange-peel may be added, or the iodide take in wafers. At the end of two or three weeks, when the attacks are relieved or interrupted, the dose may be diminished to a gramme and a half per diem. From time to time the treatment may be interrupted for a day, but a longer interruption may be followed by a return of the attacks. A patient who had been cured for a year, left off the iodide for four days, was again attacked. Cough may be relieved by the addition of a little extract of opium or syrup of poppies. If there is not much cough or catarrh, two or three grammes of chloral given in the evening assist in diminishing the dyspnœa.

Under the use of the iodide, 1, The respiration becomes free in about two hours ; and when it has been administered some hours before the paroxysm the development of this is almost certainly prevented. The second paroxysm is suppressed with certainty. 2. The respiratory murmur can be heard in regions wherein it was suppressed. 3. Recent emphysema disappears, with the exaggerated sonority dependent upon it. 4. The râles cease to be sibilant, and become mucous, allowing of the penetration of air. 5. At the end of some hours the orthopnœa and emphysema have given place to normal respiration, intermingled or not with disseminated mucous râles. 6. When the asthma is chronic with permanent emphysema, if the treatment be continued after the subsidence of the attack, not only do the paroxysms totally cease, but the emphysema and oppression habitual to the asthmatic entirely disappear, especially in dry asthma. In catarrhal asthma the catarrh may persist for a longer or shorter time after the dyspnœa has disappeared. 7. When the asthma is due to a valvular lesion of the heart, the effects produced are but slight ; but when it is connected with degeneration or hypertrophy of the cardiac tissue itself, the iodide treatment leads to the disappearance of the dyspnœic element. But before pronouncing on the existence of cardiac asthma, we should be aware of a fact that may easily give rise to error. This is, that in a great number of the subjects of asthma we may observe at the apex of the heart, and more rarely at the base, a very gentle but very evident systolic *bruit de souffle*, which may lead to the fear of the existence of valvular lesion. But this sound, which seems to reside in the valves of the right side of the heart, entirely disappears, and that in some days, with the removal of the asthma by means of the iodide treatment.

The inconveniences of a prolonged use of the iodide, are :—1. Oozing of blood from the mouth and fauces. 2. Hæmoptysis. This occurs only in those predisposed to tubercle ; and in all such subjects, and even when the diagnosis is doubtful, the iodide must be forbidden. 3. Loss of appetite and disgust at food. For this it suffices to suspend the treatment for a day from time to time, and to diminish the dose during a week. 4. Emaciation. This is not a contra-indication, for at a later period the patients may recover their flesh. 5. Iodine cachexia and diffluence of the blood have never been met with even after prolonged treatment. The general result is, that a cure takes place in almost all cases, even when the patients are placed amid atmospheric conditions which are habitually injurious. The patients also resist far better the changes of temperature, the influence of heat and cold, the action of the wind and of dusts. No precaution has to be taken as regards hygiene and regimen, and the use of coffee and tobacco has not seemed to be injurious.

The Iodide of Ethyl.—Prof. Sée has employed inhalations of this substance in five cases of asthma, and the paroxysm was arrested in all very rapidly. In three cases of cardiac dyspnœa it also acted favourably, and in two cases of chronic bronchitis accompanied by dyspnœa the effect, although much less prompt, was advantageous. Quite recently, in a case of œdematous laryngitis, inhalations repeated ten or twelve times a day effected a cure. Like the iodide of potassium, the iodide of ethyl increases the bronchial secretion, and by this hypersecretion renders it more fluid, and thus favours the admission of air into the pulmonary alveoli. The iodine stimulates the action of the respiratory centre, and, by reason of the greater quantity of blood this is brought into contact with, respiration becomes more easy, being still further aided by the ether in combination with the iodine.

The general conclusions to be drawn from the paper are—1. Iodide of potassium constitutes the most certain means of curing asthma, whatever its origin may be. 2. The iodide of ethyl relieves the paroxysms of asthmatic dyspnœa with great rapidity. It also appears to act advantageously in cardiac and even in laryngeal dyspnœa.

THE ENDOSCOPE IN URETHRITIS.

Before the Medical Society of Vienna, lately, Dr. Grünfeld gave an account of the results which he had obtained by endoscopic examination in cases of gonorrhœa in early stages. Our readers will be interested to learn his distinctions, which are as follows:—

1. *Urethritis blennorrhoica* (*acute blenorrhœa.*) The urethral mucous membrane is covered with pus, and appears in the endoscope in the form of distended semi-globular elevations, moderately reddened, and often bluish or dark red. Mechanical irritation of the mucous membrane readily produces bleeding. The usual situation of the disease is the anterior part of the urethra.

2. *Urethritis membranacea.* Here there is generally œdema of the prepuce, and the freshly passed urine usually contains fine leathery membranous masses. The endoscope shows that there is pus, but less than in the previous form; the mucous membrane is not red, but covered with an extensive layer of whitish-grey exudation, firmly adherent, and not removable without causing hæmorrhage. After a few days the mass of exudation is thrown off, and the appearance of urethritis blennorrhoica is presented. This is certainly a most interesting announcement.

3. *Urethritis simplex.* In this, large masses of pus are formed, but the swelling of the mucous membrane and the hyperæmia are not so great as in the first form.

4. *Urethritis granulosa.* This form has been mostly described by Désormeaux. The mucous membrane is but little covered with pus, but is arranged in three folds of a somewhat dark red appearance, uneven, velvety, and here and there presenting punctiform elevations.

5. *Urethritis with ulceration.* To this class belongs herpetic urethritis, in which at a distance of three-fourths of an inch to an inch and a-half from the orifice, are found small shallow ulcers, distinguishable only by their grey colour from the surrounding reddened mucous membrane. This form of the malady is rare, and occurs only in persons who have herpes præputialis. Dr. Grünfeld only found chancrous ulcers at a small distance from the orifice; they presented the same appearance as in other mucous membranes. He had not been able to find catarrhal or tuberculous ulcers, plagues, *ues muqueuses*, in the urethra.

SIMPLE ULCER OF THE STOMACH.

Prof. Lebert in a communication to *La France Médicale* thus classifies the principal clinical forms of simple ulcer: 1. The acute with perforation of the stomach, and fatal diffuse peritonitis. 2. The hæmorrhagic form with severe hæmatemesis. 3. The scorbutic, which is a variety of the former. 4. The dyspeptic, resembling gastric catarrh, but more painful. 5. The gastralgic, with predominance of painful paroxysms. 6. The vomitive. 7. The cachectic, possibly simulating cancer. In this latter condition there may be stricture of the pylorus with dilatation of the stomach. Vomiting of fresh or blackish blood occurred in four-fifths of the cases, and was the cause of death in three and a-half per cent. of those observed at the clinic. Perforation of the stomach was the termination in three and a-half per cent. of the clinical cases, in the female chiefly between puberty and thirty, in the male after thirty.

THE FUNCTIONS OF THE SPLEEN.

Schiff says that excision of the spleen has nothing more than a temporary influence on the absolute or relative quantity of the white or red globules of the blood, and whatever influences there may be observed are due to the operation and not to the absence of the spleen. After extirpation has taken place, there is rarely inflammation of the lymphatics or increase in volume of other glands. The so-called supplementary glands are not found, even if the animals be allowed to live a year and a-half, and even if the operation has been done during the first weeks of life.

The spleen appears to increase in volume from the fourth to the seventh hour of gastric digestion. During the digestion, or rather during gastric absorption, the spleen prepares the ferment, which, entering with the blood into the tissue of the pancreas, forms in this latter a special substance into pancreato-pepsine or trypsine, a material suited to digest albuminoid bodies, though it preserves its other digestive properties.

After removing the spleen, the matter destined to form the pancreato-pepsine accumulates in large quantity in the pancreas, and can still be transformed into pancreato-pepsine by those chemical influences which after death attend the commencement of putrefaction.

ŒNOTHERA BIENNIS IN MUCOUS INFLAMMATIONS.

Dr. James F. Sullivan, after eight years' use of Œnothera Bennis, or Evening Primrose, speaks of it as possessing valuable properties as a mild sedative and alterative in many diseased conditions of mucous surfaces, especially the gastric, intestinal, and vesical. He finds it useful in some forms of dyspepsia, particularly those accompanied by an irritable state of the stomach and of the bladder, as indicated by frequent vomiting and micturition.

After relating some cases in the *Pacific Medical and Surgical Journal*, Mr. Sullivan says he believes its chief value will be found in typhoid fever, to the treatment of which it is peculiarly adapted by its soothing action upon the intestinal mucous surface. He is convinced that it essentially modifies the inflammatory condition which precedes ulceration of Peyer's patches, and that its use may frequently prevent ulceration. The usual dose in typhoid fever is from fifteen to thirty drops every three hours, but there is no danger of an overdose, and he has known a tablespoonful of the fluid extract to be given every two hours, by mistake, till two ounces had been taken. It only seemed to revive the patient, after the manner of a stimulant. The fluid extract of œnothera is not incompatible in mixtures with any other medicine. Its flavour resembles that of cold tea, and it is acceptable to any condition of the stomach.

LARGE MYXOMA OF BUTTOCK.

Dr. L. L. Comstock records (*New York Medical Record*) a case of a very large myxomatous tumour of the buttock. It had lasted fourteen years, and came on about a year after the patient had sustained a severe fall on this region. It first appeared as a small tumour issuing from or between the glutei muscles, and at first could be pushed back between the glutie. The tumour was about the size of a duck's egg at the time of the patient's marriage, at which date it had existed a year. During her first pregnancy it grew very rapidly. Since then its growth has been pretty uniform. When Dr. Comstock first saw it, it was (measured while the patient was sitting) in circumference three feet eleven inches; (measured while the patient was standing) from point of origin to pubic bone, five feet; circumference, largest portion, four feet two inches; the neck being extended by weight of tumour, line drawn tightly, was one foot five inches. While standing, the arms were drawn down on side of tumour four inches from her body. The right labium was also drawn down for some inches. The patient saying she would rather die than carry it any longer, it was determined to remove it. The patient having been etherised, an incision was made in the skin about four inches below anus. A tough fascia was found beneath the skin. An incision was made through this, and the hand introduced, and the mass easily separated from the skin for some distance. Withdrawing his hand, the skin was carefully divided, and in this way Dr. Comstock worked his way round again to the starting. With his hand, and the handle of his scalpel he dissected the jelly-like mass from the body, dividing only a few loops of muscle brought down. The skin seemed to be the principal support, portions of it being over an inch thick and quite firm. Expecting retraction, he left a stump, which was a hollow one, about four inches long. It was syringed out with carbolic acid and closed up with sutures. It healed generally by first intention. On dividing the tumour it was found to be a myxoma of uniform composition. Weight forty-seven and a-half pounds. There was scarcely any hæmorrhage during the operation.

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TOPICS OF THE TIME.

THYMOL.

Thymol is beginning to attract attention. It is well known to have high antiseptic powers—much higher, so far as experiments go, than carbolic acid, and its odour is far more pleasant. Externally, it has been lately freely tried; and even dentists are beginning to prefer it to the carbolic acid they have so freely used. But it has also been given internally. First it has been tried to arrest fermentation in the stomach in certain forms of dyspepsia. Secondly, it has been tried as a substitute for salicylic acid. It is decidedly an antipyretic, reducing the temperature rapidly, but has not so much effect on the pulse. Tinnitus and delirium have followed its use. Bälz last year reported some cases in which he gave half-a-drachm or more; but, so far as we hear, it has only been tried in this country in much smaller doses, and then tentatively, and without much confidence. But our dermatological friends will be glad to extend its use externally.

Thymol is a homologue of the phenol series, and represented by the formula $C_{10}H_{14}O$. Several plants of the order Labiatæ are known to yield it, the principal of which are the common thyme, *Thymus vulgaris*, and horse mint, *Monarda punctata*; it is also obtainable from a plant of the order umbelliferæ, called *Ptychotus ajowan*, an East Indian drug. It is from the essential oils of these plants that the thymol is finally extracted.

Two papers have been published on this substance during the month; the first in the *Pharmaceutical Journal and Transactions* of Feb. 16, by Mr. A. W. Gerrard, F.C.S., the second by Dr. Crocker in the *British Medical Journal* of same date. We place before our readers the substance of both these contributions.

For the separation of thymol from oil of thyme Mr. Gerrard mentions two processes, both of which are of a simple character. Thus, when oil of thyme is treated with an equal volume of caustic soda solution, 1 in 5, and well shaken, the thymol only is dissolved by the alkali, and, after standing for a few moments, forms a separate layer; this upon withdrawal and neutralisation with hydro-chloric acid, liberates the thymol, which rises to the surface; it should be further distilled from water. Prepared in this manner it is an oily liquid, said to be incapable of crystallisation. The second and best process is to submit oil of thyme to a low temperature for a few days, when the thymol separates in the crystalline state. Flückiger and Hanbury made thymol by submitting oil of ajowan to a temperature of °OC., and obtained 35 per cent. in superb tabular crystals. Oil of thyme is stated to yield 50 per cent. of thymol.

As found in commerce, thymol consists of irregular broken crystals, nearly transparent and colourless; the taste is burning and aromatic; sp. gr. 1·028, but lighter than water when fused; its melting point is about 44° C. When once completely fused and allowed to cool to the ordinary temperature, it will maintain itself in the fluid condition for several days, but the contact of a crystal will at once cause it to crystallise. It is freely soluble in alcohol, ether, chloroform, benzol, carbon bisulphide, fats and oils, and but sparingly in water and glycerine. The alkaline hydrates of potash and soda are powerful solvents of thymol; ammonia dissolves it but sparingly. The potash and soda solutions are spoken of by some authors as chemical combinations, but the following test will demonstrate them otherwise. When shaken with ether, the thymol can be entirely removed and obtained as a neutral volatile residue.

S. Leon found thymol possessed much greater power than either carbolic or salicylic acid in arresting the fermentation of sugar and the decomposition of albumen and milk. Bucholz has also published the following table of comparative values of antiseptics, giving to thymol ten times the power of carbolic acid.

Name.	Colytic.	Destructive.
Chlorine	—	2·5
Thymol	200	20
Sulphurous Anhydride	—	66
Salicylic Acid	66	31
Carbolic Acid	20	25
Alcohol	5	0·5

The strongest aqueous solution of thymol obtainable, using cold water, is 1 in 1,200, but with hot water 1 in 1,000 can be dissolved; a solution of 1 in 900 which Mr. Gerrard prepared with hot water remained clear for twenty-four hours, and then began to deposit crystalline needles, mingled with prismatic plates throwing off beautiful coloured reflections. This, then, shows that the strongest permanent watery solution of thymol available is 1 in 1,000; a solution of this strength applied in the form of spray was found by M. le Baron de Watteville to be of especial value in destroying the fœtor of a carious nasal bone, and he preferred it to a solution of permanganate of potash of the same strength.

Rectified spirit will dissolve its own weight of thymol, but on dilution with water most of the thymol is separated; the strongest spirituous solution miscible with water in any proportion without turbidity is one of four grains in the fluid ounce.

Cold glycerine dissolves thymol but sparingly, but hot glycerine more readily. One grain dissolves in two fluid drachms of heated glycerine, and on cooling deposits no crystals. On adding water in equal parts turbidity is produced, and continues till four volumes of water are reached; thus one of thymol is soluble in 120 of glycerine, and can be reduced with water to 600 parts, forming a clear solution. This glycerine solution possesses, according to Dr. Crocker's statement, special advantages for preparing lotions, the presence of the glycerine obviating the drying effect upon the skin produced by aqueous or spirituous solutions of thymol alone.

Fats and oils require to be heated with thymol to ensure perfect solution and diffusion, and unless particular attention be paid to this, much irritation may be caused a patient by minute undissolved particles of thymol being present in an ointment. It is perhaps better to dissolve the thymol in a few drops of spirit.

With reference to vaseline as a solvent of thymol, Mr. Gerrard found that a five per cent. solution prepared by heat has in four days its surface covered with minute crystals of thymol, so that vaseline can scarcely be considered an eligible basis, unless the thymol be admixed as a spirituous solution.

The caustic alkalies, potash and soda, dissolve thymol readily; 70 grains are dissolved by 22 grains of caustic soda, or in simpler numbers for practical adoption, 1 grain of caustic soda dissolves 3 grains of thymol. Of caustic potash 1 grain dissolves 2⅓ grains of thymol. These alkaline solutions may be diluted with water in any proportion without separation, and are likely to prove the most useful and economical of any of the preparations of this drug, especially where a strong solution is desired.

Judging from the published statements, that oil of thyme (so-called origanum) contained 50 per cent. of thymol, and the simple method for its extraction, Mr Gerrard expected to prepare thymol as a paying operation, oil of thyme being 2s. 6d. per lb., and thymol as much per ounce, but on making the attempt on the first sample of oil of thyme purchased, he found, after proper treatment, not a particle of thymol could be obtained. It would therefore seem that thymol is not present in the oils of thyme of English commerce, and that it must be extracted in the countries of its production, the residual cymene and thymene being sold as oil of thyme.

Dr. Crocker has been using thymol in skin affections. The disease in which he first prescribed it, and had the greatest success, is psoriasis. In early cases he used the ointment of a strength of 25 grains to the ounce, to be rubbed into the seat of eruption after the removal of the scales, night and morning, but soon found that it was a powerful stimulant, and that five per cent. was too strong for many cases. He dissents from Husemann (quoted in the "Year-Book of Pharmacy" for 1876, p. 283), who from physiological experiments with this drug says "it produces no irritation on the skin, but it does on the lips. In a concentrated form he has found it even caustic in its effects. In a case where the ointment had been carelessly dispensed, so that crystals were present undissolved in the vaseline, minute holes in the skin were produced in those parts where the crystals had remained some time. The discrepancy arises from the insolubility of the drug in water; when quite dry, Husemann is perhaps correct, but in the presence of a solvent like vaseline or the alkaline saliva on the lips, its irritant effects are apparent. In psoriasis it is said to be better to begin with a weaker ointment—namely, ten grains to the ounce; and then, if the remedy were suitable, to continue as long as improvement was manifested, and if it became stationary, to increase the strength by five grains to the ounce until, in some cases, 30 grains to the ounce was reached. In the majority of cases the weaker ointment was sufficient to cure the case; and another advantage is that it can be more continuously applied than the stronger forms, a method to be preferred, as a rule, to intermittent applications.

In some people it produces tingling and occasionally smarting when first applied, but this only lasts a few minutes. Like all stimulant remedies, it does not suit every case, and must not be applied, or at least very dilute, when on removing the scales the parts are much hotter to the touch than the surrounding skin and very red; in short, whenever the hyperæmia is considerable. This must be first subdued by soothing astringent measures externally, and appropriate internal medication, and then thymol applications will materially hasten the cure. In fact, it is most successful in that class of cases in which tar is usually prescribed, and while quite as efficacious and in some cases succeding where tar fails, it is cleaner, colourless, and hence can be used on the face without producing the brown discolouration of oil of cade and other preparations of tar, while the odour is rather pleasant than otherwise.

Some cases of eczema of very long standing, but which had been submitted to other treatment of various kinds, rapidly yielded to thymol; but it was necessary in eczema to use a weaker ointment of only three to five grains to the ounce. As might be anticipated, it is adapted to a smaller proportion of cases than psoriasis, and must be restricted to cases in the dry stage, or where the amount of discharge is diminishing—*i.e.*, not until the activity of the inflammation has subsided; hence it happens that even in the same patient it would cure one part, and be too stimulating for another part where the inflammation was still active. If, however, due discrimination be employed, the duration of the disease may be much curtailed. Smarting when first put on is rather more frequent than in psoriasis. With similar precautions it also rapidly completes the cure in so-called lichen agrius; but usually a preliminary soothing treatment is required for some time before thymol is prescribed.

Dr. Crocker concludes that thymol is a valuable addition to the list of stimulant remedies for diseases of the skin, and probably also as a parasiticide for diseases of fungous origin. In tinea it did not seem superior to sulphurous acid or the hypo-sulphites. Like all stimulants, it must not be used where there is much hyperæmia, as it will be more likely to aggravate than benefit such active cases. It has a pleasant appearance and odour, as compared with preparations of tar. There is no discolouration of the hair and skin, as produced by chrysophanic acid.

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DR. MOXON ON HEART DISEASE.

DR. MOXON remarked that no disease better showed the strength of modern medicine than heart disease. Before Laennec little was known, the chief symptom observed being palpitation, but now our knowledge was complete, extensive, and capable of exact application. Now-a-days the heart was open to study, and its complexity fully recognised. On the other hand, no disease more truly showed the weakness of modern medicine. No sooner do we face the responsibilities of practice than a strain comes upon this science of heart disease, and it becomes measured severely against the clinical problems offered for our solution. A good knowledge of the stethoscopic signs, remarked Dr. Moxon, was of the greatest service; but notwithstanding he thought it would be excellent if every student were obliged to take another three months in the wards with his ears stuffed with cotton wool, so that he might learn to value the kind of information derived from a general observation of each patient's case. We may add that a similar remark might justly be applied to other diseases. If every student, for instance, would study renal disorders for a short time without meddling with the urine, how much general information he would acquire about kidney diseases of a kind in which too many are deficient!

Dr. Moxon remarks that the stethoscope could not tell us many things that we chiefly wanted to know. Thus it could not tell us whether a valvular disease is spreading or quiescent; due to thickenings or ulcerations. By the most perfect auscultation possible we could not learn—(1), whether the disease is severe or slight; (2) whether if severe that severity is due to the extent or the kind of the disorder; nor (3), lastly, whether if the severity is due to the extent of disease, that extent is still spreading, or whether the disease is quiescent. Again, it is often very difficult to apply clinically the information now furnished by scientific medicine. Firstly, there were generally several distinct heart diseases in most patients who suffer from grave cardiac symptoms; and, secondly, patients display differences in appearances and symptoms which the books do not all describe.

Dividing heart diseases into three kinds—

(1) Inflammation, (2) degenerations, and (3) alterations in the proportions of the heart's chamber, Dr. Moxon remarked that those of the first class were practically always complications of other disorders; these of the second class were even less definite though of more independent importance. (Apropos of this, Dr. Moxon remarked that fatty heart was a familiar term, yet he had asked round his class one day and found no man who had known within his own experience a diagnosis of fatty heart or a death from fatty heart within the hospital walls.)

Therefore, except as complications, it is to the third class that we reduce all forms of heart disease as known at the bedside—viz., to alteration of the proportion of the heart's chambers, with more or less tendency to embolism. Heart disease as a distinct disease always meant some disorder of its valves and walls, such as to cause it to gradually fail in its function of pumping steadily forward the blood, and to lead to alterations in the blood itself, and whatever valve be affected, it is true that, clinically, heart diseases are only so many ways of producing hypertrophy and dilatation; and, except in so far as they tend to poison or throw particles into the blood, they are dangerous in proportion to the tendency to dilatation, and tedious and painful in proportion to the hypertrophy produced. It was important to recognise the changes at the valves in order to estimate the limitation of the cardiac dilation and hypertrophy to one or other chamber of the heart. The changes at the valves could not be altered; they might be transitory, but—once established—they were lasting. There was only one general principle bearing on the prevention or checking of valvular changes, and that lay in the fact that the changes always occurred on the line of friction where the valves meet when they come together; if you can reduce the friction in endocarditis you reduce the danger of valvular changes. Dr. Moxon said he was not sure of even that, for the injury might be the result of the bygone friction rather than present friction. This was seen in the greater liability of the harder working male sex to aortic valve changes from acute rheumatism.

All independent heart disease was hypertrophy and dilatation. They were not opposites or alternatives; in fact, you usually saw them together. You never see dilatation without hypertrophy, but you get hypertrophy without dilatation. Dr. Moxon did not believe, however, in hypertrophy as a distinct disease like pneumonia or aneurism, but thought that all increase in heart power is compelled by increased resistance to be overcome—resistance by the textures to the flow of impure blood from the heart. Therefore, in heart diseases look to the state of the urine and you would probably find excess of urea or uric acid as oxalates. The relievable aspect is in the detection and cure of the cause of the resistance.

When a heart was enlarged the effect upon a patient depended on the proportionate size of the cavity, and Dr. Moxon said this proportion would fall under one of these three conditions—viz.:

1. When the heart is enlarged and without increase in the size of its cavity.

2. Its cavity is increased and yet capable of closure during systole.

3. Its cavity will be so widened that it cannot be closed during systole.

1st. In the first state the patient is in certain danger, but *he does not feel those dangers, and his enlarged heart yields no symptoms.* This state was almost peculiar to Bright's granular kidney, and the chief cause of the fact that most cerebral apoplexies were due to granular kidney. The heart's increased power was exerted in the vessels instead of being diffused on hydrostatic principles over an enlarged interior, as is the case when the cavity is widened.

2nd. In the second state the patient had a distinct set of symptoms, which were those usually ascribed to hypertrophy in the books. In this state, although the heart caused distress to its possessor, yet such patients did not come as grave heart cases. Only exceptional organism suffered from this condition. These cases indicated a condition in which the cavity of the heart was larger than natural, but its walls so relatively strong that they could completely close the cavity, so that a large amount of blood is thrown into the vessels. The hypertrophy of authors was more properly a state of *dilatation capable of complete systolė*. But whilst a larger quantity of blood could be thrown into the vessels than is natural, it was only under excitement that the systole is thus completed, so that in periods of rest and relative depression of the heart's action the amount of blood thrown into the vessels was about the normal quantity, and then no noticeable disturbance was occasioned. This condition of *dilatation capable of systole* was quite distinct from the simple hypertrophy of Bright's disease already described. It was to be noticed, however, that in some cases of Bright's disease the resistance in the vessels led to an inability of emptying the cavities, so that this second condition was set up, which, when accompanying albuminuria in Bright's disease was of very evil prognosis.

3rd. This condition easily passed into the third state—that is, into the condition generally recognised as "dilatation of the heart." And this change from a dilation capable of systole into a dilatation incapable of systole might be suddenly effected. A dilation incapable of systole produced cardiac cachexia and dropsy, and was the cause of cardiac cachexia and dropsy in all cases of these conditions. We might continue to call dilatation capable of systole by the name of "hypertrophy," and dilatation incapable of systole by the name of "dilatation," but hypertrophy and dilation were present in both.

Heart disease, as usually recognised, was dilation which cannot be closed. All valvular disease, when it lays a patient up, does so by causing dilatation which cannot be closed. Dilatation puts the heart at a quickly increasing disadvantage, distributing the heart's power over a larger area, and so reducing the proportion of the heart's force exerted on the arteries, and when dilatation is great reducing it to such an extent that the pulse is, perhaps, indistinguishable. The danger of dilatation was largely as its suddenness. Any valvular disease producing a murmur was dangerous, after all, only in proportion as it favoured attacks of cardiac dilatation, which attacks you can generally trace in the history of any case of valvular disease.

In regard to treatment, Dr. Moxon said that it was in dilation incapable of systole that digitalis exerts its really invaluable efficacy, and he ventured to say that whenever the heart cavities were thus dilated digitalis was the remedy indicated, and this was true whichever the value whose disease caused the dilatation. Some writers assumed that digitalis was hurtful in aortic disease, but Dr. Moxon believed that when dilatation that cannot be closed was reached and produced its proper symptoms, in aortic disease, digitalis was the proper remedy there also. He had found that when digitalis had produced its full benefit a further check to the symptoms was to be obtained by giving tincture of belladonna along with it, in the proportion of ten minims of tincture of belladonna to fifteen of tincture of digitalis. In cases of urgent danger from dilatation with mitral disease, he had given as much as one drachm of tincture of digitalis in one dose with marked relief; at other times half a drachm, repeated in two hours.

The direct cause of dilatation of the heart was, of course, necessarily the inward distending pressure of the blood, and where the valvular disease does not encourage this inward pressure, as in simply obstructive pressure, then this terrible occurrence of dilatation may be late in arriving. Thus, for the sake of prognosis, it is very important to be able to measure the extent of regurgitation in valvular disease. This was best done by the pulse. Thus, for instance, a full splashing pulse in aortic disease, or a small weak one in mitral disease, was of bad omen, especially the former. But when, in aortic disease, the pulse was small or of moderate volume, the case might do well in spite of to-and-fro murmurs. A valuable prognostic sign in heart disease was the *degree of wasting* present, or rather the rate of wasting. The texture-life was very sensitive to variations in blood pressure in some people, and they were the ones who went to the wall when the heart was in trouble. Some textures bore the strain better than others, and some worse. Thus we found one heart case cyanotic, another jaundiced, another anæmic, another hysteric, according as lung, liver, blood, or nervous system be the weak parts; and as the heart trouble presses more and more, these troubles become more severe. It was true that in the long run, as death approached, the conditions became much alike in all, but Dr. Moxon had been much impressed with these differences, and had endeavoured to learn whether remedies in favour of the weak and suffering organ had any special power; whether, for instance, bile purgatives relieve the jaundice, or pulmonary stimulants the crepitant lungs, or whether it is better to devote all attention to favouring the circulation. And Dr. Moxon has been led to the conclusion that "much may be done by special care of the weak system or organ towards making proper use of the all-important time in heart disease before dyshæmia has reached the more severe degrees; but that the main objects to keep in view in all cases are these: to maintain the nutrition of the blood (perfectly good blood will almost go round of itself), taking care to keep the constituents of blood plentifully supplied in the diet; to avoid undue strain on the heart itself, inducing the patient to live on one floor if possible; and to keep the texture-life as healthy as possible."

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HYDROPHOBIA.

The writer of the elaborate report in the *Medical Press and Circular*, from which we have already twice made extracts, has brought to a conclusion his long list of carefully analysed cases. This laborious work is a credit alike to the writer and the journal which publishes it. In the issue for the 27th ult., our contemporary furnishes the following table of the 155 cases analysed in its previous issues :—

RESUMÉ OF CASES REPORTED UNDER THE NAME OF HYDROPHOBIA.

F. denotes Fatal; R. denotes Recovery.

No.	Name.	Sex and Age.	By what Animal Bitten.	Period of Incubation.	Result.	In what Period.
1	Metcalf, J.	M., 21	Dog	77 days	F.	1st day
2	—	M., 33	Cat	70 ,,	F.	1st day
3	—	M., —	Dog	—	R.	—
4	Barham	M., 60	,,	30 days	F.	2nd day
5	Courbouloy	M., 23	,,	42 ,,	F.	1st ,,
6	Hill, Ensign	M., —	,,	90 ,,	R.	—
7	—	M., —	,,	90 ,,	F.	74 hours
8	—	M., 40	,,	1½ years	F.	1st day
9	Booth, E.	M., 46	Fox	42 days	F.	43 hours
10	—	M., 4	Dog	49 ,,	F.	24 ,,
11	Fergusson	F., 57	,,	21 ,,	F.	2nd day
12	Aines	M., 14	,,	90 ,,	F.	1st ,,
13	—	F., 36	,,	8 ,,	R.	—
14	—	M., 6	,,	35 ,,	F.	4th ,,
15	—	M., —	,,	2 years	F.	—
16	Le Gros, W.	M., 19	Cat	101 days	F.	4th day
17	Lloyd, E.	M., 11	Dog	150 ,,	F.	23rd day
18	Robbins, J.	M., 20	,,	70 ,,	F.	42½ hrs.
19	Rawlins, E.	F., 37	,,	49 ,,	F.	2nd day
20	Nichols, J.	M., 17	,,	42 ,,	F.	,,
21	Lynch, E.	M., 26	,,	150 ,,	F.	,,
22	Hays, W.	M., 28	,,	60 ,,	F.	,,
23	J.—	M., —	,,	2 years	R.	—
24	Cubit, G.	M., 17	,,	7 ,,	F.	44 hours
25	Chester, T.	M., 72	,,	15 months	F.	48 ,,
26	Jameson, A.	F., 53	,,	60 days	F.	2nd day
27	Rugheem, L.	M., —	,,	30 ,,	R.	—
28	Havens, C.	M., 13	Dog	50 ,,	F.	50 hours
29	M—	M., 29	,,	9 months	F.	—
30	—	M., 37	,,	5 weeks	F.	2nd day
31	Soring, S.	M., 35	,,	90 days	F.	1st ,,
32	Soult, E.	M., —	,,	60 ,,	F.	2nd ,,
33	—	F., —	Cat	3½ months	F.	—
34	Henderson, J.	M., 14	Dog	9 weeks	F.	—
35	Lloyd, J.	M., 28	—	—	F.	24 hours
36	Napolitano	M., 16	Dog	20 days	F.	2nd day
37	Lichgow, D.	M., 30	,,	m. or two	F.	,,
38	Burrows	F., 30	,,	90 days	R.	—
39	W. H. B.	M., 18	,,	90 ,,	F.	3rd day
40	Pawnall, S.	M., —	Cat	49 ,,	F.	—
41	M. D.	M., 77	Dog	2 months	F.	3rd day
42	Guilleman	M., —	Wolf	1 month	F.	54 hours
43	C. D.	M., 13	Dog	1 month	F.	2nd day
44	Roberts, C.	M., 42	,,	10 weeks	R.	—
45	Duckworth, J.	M., 15	,,	1 month	F.	—
46	Farroghi, F.	M., 32	Cat	40 days	R.	—
47	—	M., —	Dog	3 weeks	F.	—
48	Davidson, A.	M., 23	,,	10 ,,	F.	—
49	Miranow	M., —	Horse	7 days	R.	—
50	—					
51	—	F., 13	Dog	next day	R.	28 days
52	—	M., 55	,,	6 days	R.	—
53	—	M., 60	,,	9 days	F.	—
54	—	M., —	,,	3 months	R.	57 hours
55	Baylis, H.	M., 31	,,	2 ,,	F.	—
56	S— G.	M., —	,,	14 days	R.	—
57	Ram Jam	M., —	,,	12 months	F,	—
58	L— J.	M., —	Cat	11 years	R.	—
59	—	F., 40	Dog	1 month	F.	4th day
60	Courmontague	M., 20	,,	6 years	F.	—
61	Male	M., —	,,	7 days	R.	—
62	—	M., 17	,,	2 months	F.	2nd day
63	—	M., 52	,,	5 weeks	F.	,,
64	—	M., —	,,	4 months	F.	,,
65	G—, C.	M., 10	,,	3 weeks	F.	—
66	F.	M., 5	,,	5 ,,	F.	—
67	—	—, —	—	—	—	—
68	J—, C.	M., —	Dog	6 weeks	F.	—
69	—	M., —	,,	67 days	F.	63 hours
70	—	M., —	,,	72 ,,	F.	5th day
71	—	F., 11	,,	1 month	F.	—
72	S. B.	M., 37	,,	—	F.	36 hours
73	E. E.	F., 13	,,	6 weeks	F.	47 ,,
74	—	F., 40	,,	—	F.	—
75	I—, F.	M., 6	,,	8 months	F.	3rd day
76	B—, M.	F., 8	—	28 days	F.	—
77	C—, P.	M., —	Dog	5 months	F.	—
78	C—, J.	M., —	[Same Dog]	,,	F.	—
79	—, G.	M., 37	Dog	—	F.	—
80	M—, Mrs.	F., 55	,,	16 days	F.	—
81	C—, D.	M., —	[Wild Dog]	6 weeks	F.	—
82	Child	— 10	Dog	40 days	F.	—
83	A—, J.	M., —	,,	6 weeks	F.	1st day
84	W—, W.	M., 32	,,	6 months	F.	3rd day
85	W., H.	M., 12	,,	6 weeks	F.	,,
86	M. H. K.	M., 13	,,	20 days	F.	—
87	T—, E.	M., 30	,,	9 months	F.	2nd day
88	Menard	M., —	,,	—	—	—
89	—	M., 48	[Ne'er b'tt'n]	—	F.	5th day
90	—	M., —	[Bit hi's'lf]	—	F.	4th day
91	—	F., —	[Ne'er bitt'n]	—	R.	—
92	—	M., 17	,,	—	F.	54 hours
93	—	M., —	,,	—	F.	—
94	—		—	—	—	—
95	—	M., —	[Ne'er bitt'n]	—	F.	—
96	—	M., 34	,,	—	F.	—
97	—	F., —	—	—	—	—
98	—	M., —	—	—	F.	—
99	Hacket, J	M., —	Cat	7 weeks	F.	27 hours
100	King, C	F. 18	Dog	10 years	F.	2nd day
101	Child	— —	,,	1 month	F.	—
102	Mumphrey, J.	M., 36	,,	58 days	F.	48 hours
103	Heywood	M., 4	,,	6 weeks	F.	4th day
104	Hallstrom, E.	F. 53	,,	45 days	F.	3rd ,,
		M., —	,,	14 m.	F.	2nd ,,
105	McLlellan, J.	M., 40	,,	5 m.	F.	2nd ,,
106	Woods, A	M., 4	,,	16 days	F.	4th ,,
107	A., R. G.	M., 13	,,	29 ,,	F.	2nd ,,
108	Phelps	M., —	,,	—	F.	—
109	—	F. 12	,,	30 days	R.	—
110	—	M., 19	,,	2 m.	R.	—
111	Attar, T.	M., 34	,,	14 days	F.	2nd day
112	—	F., 1	,,	12 ,,	R.	—
113	—	— —	Case of to be	Acute Hydroph	Laryngi obia.	tis tho't
114	—	F., —	Case of	Simula	tion.	
115	—	M., —	Case of for	Angina Rabies.	mista'en F.	
116	Metcalf, J.	M., 18	Dog	5 months	F.	46 hours
117	—	M., 17	,,	1 month	R.	—
118	La Case, H.	F., 30	,,	15 days	F.	—
119	Hickey, J.	M., —	Cat	—	F.	—
120	Rigley, J.	M., 40	Dog	—	F.	—
121	Buisson, D.	M., —	Poisned by s'liva of a man	9 days	R.	—
122	Dobell, E.	F., 24	Dog	6 weeks	F.	3rd day
123	Mignot, C.	M., —	Wolf	6 weeks	F.	11th day
124	M., Mme.	F., —	Dog	,,	R.	—
125	Brizzi, D.	M., —	,,	5 days	R.	—
126	—	M., —	,,	6 ,,	F.	3rd day
127	—	M., —	,,	11 m.	F.	24 hours
128	—	M., 14	,,	,,	F.	—
129	Cheshire, R.	M., —	,,	7 weeks	F.	—
130	Webber, E.	F., —	,,	1 week	F.	—
131	Murgatroyd	M., 17	Cat	3 m.	F.	2nd day
132	Francis, H.	— 39	Dog	4 m.	F.	6th ,,
133	Ray, W.	M., 56	,,	2 m.	F.	2nd ,,
134	McG.	M., 31	,,	3 m.	F.	3rd ,,
135	—	M., —	,,	1 m.	F.	—
136	Charles	M., 38	,,	6 weeks	F.	—
137	S. B.	M., 27	,,	42 days	F.	—
138	—	M., 51	,,	3 m.	F.	3rd day
139	Izard, F. J.	M., 8	,,	5 years	F.	—
140	A. C.	M., 9½	,,	2 m.	F.	3rd day
141	—	M., 42	,,	45 days	F.	—
142	C. J.	M., 17	,,	53 days	F.	—
143	C. A.	M., 2½	,,	2 m.	F.	—
144	—	M., 68	,,	33-43 d.	F.	2nd day
145	H. B.	M., 15	,,	6 m.	F.	70 hours
116	Peter, M. B.	M., 43	,,	75 days	F.	1st day
147	—	M., —	,,	3 m.	F.	—
148	—	This but bitten months.	patient some 17 at same	r'cov'r'd or 18) died	after persons within	treatm't time three
149	—	Illustra phobia.	tive ca	ses of	pseudo-	hydro-
150	Moreau, M.	Pois'ned rabid	by dis dog.	secting a	F.	
151	—	M., 45	Dog	—	R.	
152	Filmer, J.	F., 36	,,	9 m.	F.	2nd day
153	Heume, W.	M., 5	,,	8 weeks	F.	3rd day
154	G. H.	F., 14½	,,	6-7 ,,	F.	,,
155	—	F., 24	,,	30 days	R.	

NOTE.—Nos. 89 to 98, inclusive, are illustrative cases of so-called "Hydrophobia" quoted by Holland and Shinkwin.

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DEFORMITIES OF THE BLADDER AND OPERATIONS THEREFOR, WITH EXPERIMENTS RELATING TO THE ABSORPTION AND EXCRETION OF MEDICINE BY THE KIDNEYS, AND THE INFLUENCE OF CERTAIN DRUGS ON THE BLADDER MUCUS.

DR. WILLIAM I. WHEELER has brought this subject before the Surgical Society of Ireland in a paper which was published *in extenso* in the *Medical Press* of the 6th ult. He thus relates the two cases on which the paper is founded :—

Cecilia E., æt. 19, about five feet two inches in height, with pale and anæmic features, was admitted into the City of Dublin Hospital, under my care on the 31st May, 1875, recommended by my friend Dr. S. Murdoch. Her state on admission was as follows : Directly above the symphisis pubis, the abdominal parietes, as well as the anterior portion of the bladder, was wasting to the extent of three and a-half inches in a perpendicular direction, and nearly three inches transversely. The symphisis was separated to about two and a half inches, and the recti muscles passed obliquely upwards, separated to the width of the extroverted bladder. The posterior internal surface of the bladder protruded through the deficiency, forming a slight prominence which was occasionally increased when the patient used any exertion. This wall of the bladder was extremely red in colour, covered in portions with viscid mucus, sensitive to the touch, and not more sensitive in any particular portion. At the middle and lower part may be observed the orifices of the ureters, guarded by little papillary eminences, both being in the same plane through these orifices, I was able to pass a probe for about three inches, without the slightest annoyance to the patient ; from these openings the urine could be observed to flow, drop by drop, sometimes trickling ; when the drop passed the orifice seemed to contract. The clitoris was divided into two portions, the anus was in front of its normal position, the vagina was remarkably small and only permitted the passage of my little finger. She menstruated regularly, the anterior and upper portion of her thighs were red, and in parts excoriated, from the passage of the water over them. She endeavoured to prevent its flow by keeping damp cloths over her thighs, and below the pubis. The patient being placed under the influence of ether, I performed the following operation :—The skin and tissues above the bladder being of sufficient thickness, I determined on making an umbilical flap to extend over the entire width of the bladder, the length being about four and a-half inches, and the width three inches and three-quarters. I did not dissect it down to the superior margin of the bladder, but stopped a little less than a quarter of an inch from it. I next raised two pear-shaped flaps, about two and a-half inches wide from each groin, their bases being downwards. The three flaps being thus ready for placing, I turned down the umbilical flap skin surface next the bladder, and turned the groin flaps inwards towards one another, in the middle line placed closely. The raw surface of each being upon the raw surface of the umbilical flap, I next passed through the flaps turned from the groins four hare-lip pins, which held them together, piercing the umbilical flap in their passage. I then drew together, by means of twisted and interrupted sutures, the wounds caused by the removal of the flaps, and applied broad straps of plaster from one side of the abdomen to the other, save over the flaps, over which I put carbolic gauze. The patient was now placed in bed in the semi-recumbent position, with the knees drawn up. The urine continued to trickle down, over the labia and perineum, through the small aperture left in front at the junction of the three flaps ; these parts were well greased with lard, and a sponge placed between the legs to catch the urine as it escaped ; the patient slept for about three hours, and awoke, complaining of the scalding of the urine where it passed over the soft tissues, I made a small channel of gutta-percha, which fitted under the edges of the flaps, and carried the water into a receptacle beyond the labia. The patient continued to do well till the fifth day after the operation ; she then had an anxious appearance, refused her food, and was much out of sorts. Her temperature was 101·3 F. The flaps looked doughy as if about to slough, the edges, where the flaps were taken from, were healthy, and portions had healed. I loosened the twisted sutures by cutting the silk, but did not then remove the pins, and applied over the flaps a mixture of glycerine and balsam of Peru ; internally, she got bark and ammonia in effervescence, and five-grain doses of the compound soap pill every four hours. On the following day, sixth after operation, I removed the pins, the wounds caused by flaps, were nearly healed and very healthy. The lateral flaps (those from groin), at their point of meeting, had separated, were dark in colour, and undoubtedly sloughing. The extremity of the umbilical flap presented the same appearance ; suffice it to say, the flaps died, the lateral to quite half, the umbilical to about two inches. Some months after I proposed another operation to the patient, she being in a favourable condition for it, and the nucleus of the former flaps affording an assistance. She refused, unless I would guarantee complete success, the only benefit to the patient was, that the remains of the labial flaps prevented the urine from running over her thighs as before the operation.

The next case is that of a young gentleman, æt. 15 years, who was brought under my notice by a near medical relative of his. He suffered from ectopia and fissio vesicæ, with epispadias. He was pale, well nourished, walked with a widened but straddling gait. On examination I found the pubis separated the thighs more apart than normal. The mucous membrane of the bladder protruded beyond the abdominal wall, and formed, when he was in the erect position, a prominent red tumour. This was excoriated in one or two places by the rubbing of his clothes. On careful examination the ureters could be observed ; the scrotum was small, both testicles could be felt in it. The urethra was a mere channel, the corpora cavernosa being imperfectly connected. The ectopia did not extend the entire way to pubis, about half an inch of closure being above the pubis. The water flowed over the thighs and scrotum, occasionally some ran along the open urethra. This happened when he was in the erect position. He had worn an apparatus, but states he felt more comfortable without it. In December, 1875, I operated on this case, turning down a large umbilical flap and two pyriform flaps from the groin, as in the last described case, and brought them together, in the manner beforementioned, by hare-lip pins, and interrupted suture, taking care that the edges of the lateral flaps were in apposition ; I then drew the wounds, where flaps were taken from, together ; I covered the flaps with carbolic dressing and cotton wadding. On the fourth day the twisted sutures were loosened and pins withdrawn ; in eight weeks the wounds were perfectly healed, and I then proceeded to cover in the urethra. I made two lateral incisions, and dissected off the skin from the sides of the penis, and turning the cuticular surface towards the channelled urethra, I brought the edges together by means of interrupted suture, and passed in a bougie, oiled, and placed at its extremity charpie, so that no urine could possibly get to the cut surfaces ; the urine escaped through the small opening left at the pubic portion of the penis. As soon as this was healed, I turned two flaps from the scrotum, covering over the remainder of the channel which was open, and joining their edges to the edges of the umbilical and lateral flaps. I then passed in a catheter, and kept it in the bladder till perfect union was established, keeping at the same time a light pad and bandage over the flap which covered in the bladder. This, the third part of the operation, finished the cure, which was complete, and everything that was to be desired. During the progress of the case the patient suffered distress and inconvenience from erection of the penis. Bromide of potassium, camphor, and belladonna afforded him relief.

I shall now relate the results of my experiments, made chiefly on the first case, that of Cecelia E. I was materially assisted in the carrying out of these experiments by my knowledge of Mr. Erichsen's observations. The quantity of urine passed was very equal, there being scarcely any appreciable difference, each ureter let fall a drop about four times in the minute ; this, with the drop of the opposite side, joined. In the female case the ureters dropped very equally ; in the male case the right dropped more frequently. In neither case did the ureters act at the same time ; the urine dropped faster when standing than reclining, and on suddenly rising would flow continuously from half a drachm to a drachm; the urine in both cases was acid, in the female more so than the male. The mean of the specific gravity in the female case, from eight observations, was 1·015; in the male, from six observations, 1·020. Some of the substances I experimented with were prussiate of potash, the bicarbonate of soda, bicarbonate of potash, nitro-muriatic acid, benzoic acid, compound spirits of juniper, carbolic acid, triticum repens, uva ursi, senega, matico, pareira brava. One or two of these had been already used by Mr. Erichsen, my results were somewhat different. The first experiment was made with prussiate of potash, 3½ hours after the morning meal, at which she took an egg, tea, and bread; 15 grains of prussiate of potash in 3 ounces of water was drunk, in 7 minutes the salt appeared in the urine. The second experiment I made with this salt was 5 hours after a similar meal; 30 grains were taken, in 4½ minutes the salt could be detected. The next experiment was made 9½ hours after partaking of milk and bread, 35 grains were taken. The salt was detected in 1 minute and 35 seconds. The fourth experiment was made 20 minutes after a meal, at which was taken mutton chop, bread, porter half-a-pint. Thirty-five grains of the salt was administered; the salt could not be detected for 22 minutes. The next class of experiments was for the purpose of testing what time it would take to render the urine alkaline, and when alkaline, again acid. With this intention I gave her a drachm of liquor potassæ in a small cup of beef-tea two hours after a meal of chop, porter, and bread. The urine was alkaline in 3 minutes, tested with turmeric paper, and remained alkaline for 3 hours. I next gave her bicarbonate of soda, ʒiij, saturated with lemon juice, 4 hours after a meal of milk and bread. The urine was rendered alkaline in 2½ minutes, and remained so for 3 days. There was not any increase in the rapidity of the urine from the ureters. The next time I gave bicarbonate of potash, ʒij., with orange-water, 3 hours after a meal of bread, butter, egg, and tea; the urine was alkaline in 11 minutes. Producing the same experiment after the same kind of meal, and administering the same quantity of potash 20 minutes after the meal, the urine was not alkaline for 45½ minutes. In the first instance it remained alkaline for 4 days; in the latter, for 2 days and about 7 hours. I again rendered the urine alkaline, and administered 20-drop doses of the nitro-muriatic acid dilute, every 5 minutes, till the urine became acid. The patient took 1 drachm and 40 minims; in 58 minutes the urine was acid. She had been 1 hour and 5 minutes after a meal of eggs, bread, and milk. I again rendered the urine alkaline, and 3½ hours after a meal of mutton, bread, and porter, gave 30 grains of benzoic acid; the urine was slightly acid in 15 minutes (I do not consider this experiment was satisfactory). I gave this patient grain doses of carbolic acid; after she had taken 10 doses, the urine had a tar odour, and was darker in colour. I put 6 ounces of saturated solution of carbolic acid into 4 gallons of water (warm); the male patient bathed his feet in this for 50 minutes, the urine became darker in colour, and smelled strongly of carbolic acid. I was anxious to test the absorbing power of the mucous surface of the bladder, believing that the bladder absorbed like other mucous surfaces, if only cleansed before hand; although stated by many eminent writers, amongst whom is Sir Henry Thompson, to have no absorbing power, and that one need not be afraid of the quantity of anodynes introduced into the bladder. I washed over the surface of the female's bladder with tepid water, rubbed up 20 minims of the tincture of iodine with lard, and spread it over the superior portion of the membrane of the bladder. In three minutes iodine could be detected in the urine, and in 5 minutes it was palpably plain to the starch test. I placed the same in her vagina on another occasion, and in 8½ minutes iodine could be detected. I have on more than one occasion, placed morphia on the mucous surface of the bladder on both these patients, and produced sleep, and not only in these patients have I found a narcotic effect by morphia placed on the mucous surface of the bladder when cleansed. I will quote one other, the case of a young married woman whom I endoscoped; Mr. Tufnell was present. She suffered severe pain from ulceration of the bladder, and having touched the ulcers with nitrate of silver, I placed a grain of morphia in her bladder; she was asleep in 18 minutes, and slept for four hours. I have merely now to state the drugs which I have found act most beneficially on bladder mucous as before stated. I have tried triticum repens, uva ursi, pareira brava, senega, matico, the balsams and various other drugs. Triticum repens I have not found of the slightest value in the removal of bladder mucus, it has a soothing effect, that in my opinion is its only property; it is described by James in his Medical Dict., 1743, as effectual against the gripes, difficulty of urine, ulcers of the bladder, and breaks the stone. I have used it in cases of lithotomy and lithotrity, and have not found it produce any better effects than barley water would. It does not seem to me to have any special influence on the genito-urinary tract. The medicines which had the most marked effect on the bladder mucous, in the cases I had operated on and others I had treated, were buchu and pareira brava; senega I also found useful.

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INDEPENDENT DEPARTMENT.

DR. STILLE ON INFANTILE MORTALITY IN GERMANY. (*a*)

Dr. G. Stille, of Hanover (*Memorabilien*, January 12, 1878), says that for many years past the great mortality of little children in some parts of Germany has been exciting much attention. Especially are the districts of South Germany, such as Swabia, and Upper and Lower Bavaria, famous in this matter. To what dimensions this social evil has reached, some facts will illustrate. Burkart, in his work on the mortality of Stuttgard in the nineteenth century, shows that whilst the cypher of the deaths of 1,000 inhabitants was 33 in the years from 1800-10, and 22·1 in 1860 to 1870, in the years from 1870 to 1874, that cypher rose to 25·3. On closer investigation it was seen that the mortality among adults had relatively fallen; whilst on the other hand, even in later childhood, up to fifteen years of age, but far more among young children, it had increased. The number of still-births, and of children dying in their first year of life, amounted to about the half of all the deaths; whilst sucklings were 41 per cent. of the whole mortality. In Augsburgh there died, according to a publication of the Health Department, in the year 1876, of 2,524 children born alive, 1,090, or 43 per cent.: and as the whole mortality was 2,076 in that year, the mortality in the first year of life was 52 per cent of the whole. In the five years from 1871-75 there died, of all children born in the same city, 19.7 per cent. in the first month of life, including still-births, and in the first year of life 49 per cent. These are, as we may remark, very similar cyphers to those above quoted from Stuttgard.

If we compare with this the mortality of children in Prussia, we find certainly more favourable figures. In all Prussia there died in 1875, in the first half-month of life, 4.33 per cent. of all children born in wedlock, and 7.62 per cent. of all illegitimate children. In some districts, however, as, for instance, in the Saxon plains, in the manufacturing districts, and

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(*a*) Translated from *Memorabilien*, of Jan. 12, by Dr. C. R. Drysdale.

large towns, the matter looks far more unpromising than even in South Germany: and Berlin is the city with the saddest tale to tell. We read in the *Deutsche M. Wochensch*, in No. 27, 1877, that the infantile mortality in the capital of Prussia rises from year to year. In June, 1877, the figures of deaths in the first year of life was 58.78 per cent. of all the deaths, a figure which leaves Munich and Augsburgh behind it.

If we inquire about the causes of this lamentable phenomenon, we have various replies. The *Wochenscrift* says that in Berlin the bad quality of the nourishment and lodgings is in fault; not only the miserable lodgings, but also the ever-increasing falsification of the necessaries of nutrition, required the most strenuous exercise of the vigilance of the authorities. Burkart blames the increase of births, especially of illegitimate births, and the weakness of the infants, atrophy, with diseases of the stomach and intestines, &c. The causes of the weakness of the infants, again, is attributed by him to the diseases and unfavourable position of their mothers; the hard work they have to go through up to the last month of pregnancy, and their dwelling in high houses; the falling off in habits of suckling, the bad and badly-treated milk; neglected cleanliness of the mouth, and want of general cleanliness of the infant; the pestilential air in most of the dwellings of the poor, which make the spread of contagious diseases quite unavoidable. He notes that the infantile mortality goes hand-in-hand with the increase of poverty, of want of civilisation, and with the coarseness of the lower strata of society, especially of the manufacturing classes.

If we recognise the causes of those evils, it will not be difficult to recommend ways and means for its relief. Burkart, therefore, thinks that the two favourite modern remedies, water supply and drainage and sewerage of the city, would lower the mortality down to the lowest point. On the other hand, before all things, must the unfortunate position of pregnant women in poor families be ameliorated, as well as that of their newly-born babes and sucklings. The position of the mothers in poor families must be amended, and the vigilance over baby-farmers and wet-nurses must be increased. For this purpose ladies are recommended to have meetings. Nurses must be better instructed as to how to bring up infants. The town must see that good cows' milk be supplied by taking the wholesale supply into its own hand, so as to remove it from the tricks of milk-sellers. Above all, the most important of all things is the establishment of a council for the care of the public health.

These are Burkart's views. Dr. Stillé, of Hanover, says it is not his intention in any way to contest them. All he says is quite plausible; and nothing is exaggerated, or to be neglected. Yet Dr. Stillé is of opinion that Burkart has not got at the marrow of the question, or, at any rate, not made enongh of it.

He looks for all the causes for this great mortality in the social conditions of the children. The evils of our modern large cities, which are more or less common to all of them, and especially in large manufacturing towns, are well depicted. Yet, that these bad circumstances are not the sole causes of the evils, is proved by the simple fact that in the whole of Swabia and old Bavaria, and we may say, with some exceptions, in the whole of Southern Germany, matters are as bad as in Stuttgard and Augsburgh; and, indeed, in the country parts as bad, or almost as bad, as in the cities.

Yet in most cases the bad conditions of dwellings are wanting, which are unavoidable in large cities; and here, too, the want of suckling will probably not be found so common; or even if it were, the want of good fresh milk is not likely to be present. As to the want of cleanliness, that, doubtless, cannot be deemed to exist; but in some parts of that district it is not notable. He thinks that no one will deny, when he puts forward the view, that cleanliness is greater at this epoch of the nineteenth century than it formerly was; and that, therefore, since the want of cleanliness—since it undoubtedly adds to the mortality—has fallen off, it should follow that infantile mortality should be lower. But what is then the true cause of the increase?

Burkart comes nearer the truth when he remarks that the increase of the births above all is the cause. That is an approach to the truth, but he might have said, with greater truth that there are, above all, too many children born. Whether we can or no, in comparison with former times, notice a relative increase of the birth-rate; at any rate, more children are born than can be reared in the actual circumstances of the case. As Burkart has well remarked, the mortality is especially great among the poorer classes, and above all among the *proletariat*, whilst the so-called better classes, who, however, as before remarked, are distinguished by a far lower birth-rate, show far better results. We here come against a result of the often combated, but never really disproved, law of population. We do not require to enunciate it in so naked a way as its first discoverer, Malthus, in his famous, much-disliked phrase—"A man who is born into an already occupied world has, if his family cannot bring him up, and society does not require his labour, not the least right to demand any part of the necessaries of life, and is truly superfluous on the earth. At the great feast of Nature no place has been reserved for him. Nature tells him to withdraw himself again, and is not slow in bringing the command herself into execution." Whether we, with Malthus, deny the right of nourishment to the *proletariat* or not, he is still right when he says—"Nature is not slow in herself carrying out the command." In this veritable "struggle for existence" the age of infancy most easily succumbs, since it is as yet unable to combat against fate.

As we may see from the above, says Dr. Stillé, it is my view that in all localities which show an abnormal mortality, a relative over-population exists—that is, a population which is too great in comparison with attained means of obtaining shelter and food, and which increases too fast in comparison with the progress in the means of subsistence. In such circumstances there is no other way out of the difficulty — the over-produced population must die, and be destroyed. Here persons may urge against me that the same infantile mortality is not met with in the North German coast towns, which yet are, in many places, as thickly populated as the already-mentioned districts. My reply to this is, that the relative over-population, or the unfavourable proportion between the number of the population and the increase, on the one hand, and on production and its increase, on the other, must not be so bad in North Germany as in South Germany and in manufacturing towns. A more exact statistical inquiry would be very difficult to conduct, but that this is the true ground of the strange appearances, there can be no question.

If we take the stand-point I have just referred to, we shall be forced to look on the views of Burkart and his colleagues as well meant, and as excellent palliatives in small circles. I would compare the proposals of Burkart in their working on the statistics of population with the effect of Schulze-Delitz's co-operative stores and co-operative workshops in respect to their capability in raising the domestic condition of the lower classes. These organisations may work most usefully in certain small circles, and even in whole towns; but for the bettering of the condition of the working classes as a whole, they are quite inadequate, and even useless. We must quite otherwise seek to attack the evil if we would radically cure it. According to what I have said, the remedy can only consist in this—that not so many children shall see the light of the world. Concerning the methods for attaining to this end, much has been spoken and written; we may refuse the remedies or not—the fact that no other way exists for preventing the excessive mortality is still before us (see Bosher, Schoffle); however much we may lament and complain, we stand in this dilemma—either lessening of the birth-rate or continuation of the mortality of children, in spite of physicians, congresses of ladies, or health committees for children.

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NOTES ON *POST-MORTEM* APPEARANCES IN CASES OF FAMINE-STRICKEN NATIVES.

By A. PORTER, M.D.,
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THE chief diseases from which the famine-stricken suffered were bowel-complaints, including cholera, atrophy, and anasarca. No accurate analysis can be given of the *post-mortem* appearances found in the numerous autopsies that have been made, but our general recollection of these is as follows:—

The state of the body was either that of great emaciation or of general dropsy. In the former case the weight of the male body averaged 77 lbs., and we have seen it as low as 54 lbs., while of the women the body-weight averaged 61 lbs., the minimum being as low as 40 lbs. However, it must be remembered that the Tamil people are small, the average height of males being about 5 ft. 4 in., and of females being about 5 ft. The weight of the dropsical bodies averaged about 95 lbs. for males, and 80 lbs. for females. The skin in almost every instance was covered with scurf; bed-sores, ulcers, or skin diseases, of any kind, except itch, were uncommon, and no signs of scurvy were detected in any instance.

The brain and its coverings were generally very anæmic, or, at most, there was passive congestion of the vessels arising from the position of the body, or such like effusion of pale, straw-coloured serum into the arachnoid cavity, and beneath the arachnoid into the sulci over the convexity of the hemispheres, was very common, and subarachnoid ecchymosis in blotches, mostly situated about the fissure of Sylvius was occasionally found.

The pericardium usually contained some straw-coloured serum, rarely more than two ounces, often much less. The heart was generally small and flabby, with little, if any, fat on the surface, or with the fat replaced by œdema, and the so-called soldier's spot was by no means uncommon; the muscle usually looked pale, and the cavities were empty, or with perhaps a few dark clots in the right side.

The pleura were, with a very few exceptions, free from recent disease, but old adhesions were almost the rule, and the presence of straw-coloured serum in the cavity was very frequent. The lungs were seldom both found quite free from disease; perhaps the most common lesion was hypostatic congestion often reaching the state known as inflammatory œdema; collapse of parts of the lung tissue was also frequent, and hepatisation of spots or lobules far from rare. Tubercular deposits, mostly in a latent state, were also found in a considerable number of cases.

The peritoneum often contained more or less straw-coloured serum, but more frequently it was quite healthy. There was usually nothing remarkable about the stomach except its size, which was often enormous as compared with an European's.

The small intestines frequently had lumbrici among the contents; the mucous coat was often thin and deficient in mucus, œdema was often present, and deep purple congestion of lower end of ileum, with a grey film of lymph adherent, was not infrequent; this was abraded or actually ulcerated in a certain number of cases, but in no instance was there ulceration similar to that found in typhoid fever; tubercular ulceration, however, was not uncommon. In a few cases there were spots of sub-mucous ecchymosis, mostly situated in the jejunum, and in nearly all the cholera cases were found the prominence of the solitary glands usual in that disease. The large intestine was generally empty; it seldom contained scybalæ, and was in a few cases lined by dry fæces. The mucous membrane was sometimes pale and thin, with the mouths of the follicles very patent, a circle of congestion or of incipient ulceration often marking each off; it was frequently found in all degrees of congestion, swelling, thickening, and ulceration, or sloughing, actual perforation of the gut occurred in no instance, but in several cases perforation occurred in handling after removal. Œdema of the whole tract was by no means uncommon; instances of follicular abscesses and of effusion of pus beneath the mucous membrane were also found.

The liver was generally small, anæmic, and flabby, and more or less fatty; often it was extremely fatty, when it would be larger, plumper, and of an ochery hue; abscess or tubercular or other deposit was rare.

The spleen was invariably remarkably atrophied, weighing only half-an-ounce to two ounces, and was usually tough and not friable and devoid of pulp.

The kidneys were generally small and anæmic, and often were fatty.

The pancreas usually weighed under two ounces, but looked healthy.

The mesenteric glands were usually pale and atrophied, not enlarged as in ordinary cases of chronic dysentery, and the omentum and mesentery were generally free from fat and often œdematous.

In every case the liver, spleen, and kidneys were examined for albumenoid degeneration, and in a few cases this lesion was looked for in the intestinal tract, but in no instance was there a trace of it found anywhere.

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SPECIAL DEPARTMENT.

REPORT OF SKIN DISEASE AND SYPHILIS.

By Dr. CHARLES DRYSDALE, of London.

THE RELATIONS BETWEEN ECZEMA AND PSORIASIS.

Dr. Campbell (*Archives of Dermatology*, New York, vol. iii., No. 4) believes that these affections are intimately related: first, because we not unfrequently meet cases in which the two are coexisting. A person may have psoriasis at one time and eczema at another. There is frequently a tendency to gout and rheumatism in such cases. The urine is apt to be deranged in both. The health is sometimes debilitated in both. The diseases are constitutional. The patches are often symmetrical, and are apt to recur again and again.

It is clear enough, however, that psoriasis and eczema *very seldom* coexist, at least we suspect that will be the experience of all clinical observers. Eczema is the most frequent by far of all skin diseases, while psoriasis is a comparatively rare disease. Again, although it is asserted by some persons that gout and rheumatism are frequently connected with these diseases, that point is by no means clear. As to the urine, that is a most fallacious test. As to the results of treatment, again, both local and constitutional means are required for the cure of eczema and also of psoriasis.

Syphilitic Aphasia.—Dr. Yandell, of the United States, a well-known writer on syphilis (*Louisville Medical News*, Dec. 8, 1877) mentions the case of an actor, aged 37, treated by him in February, 1877. He was represented by his friends and relations to be the subject of palsy of the left side, with mental aberration. For some months he had suffered from great pain in the left temple, and was entirely helpless from general debility added to the palsy. He was much emaciated, and passed his fæces involuntarily. Had been confined to bed four months,

All command of words was absent; but at times even the memory of ideas seemed gone. Sometimes he was conscious of using the wrong word and attempted to correct himself; sometimes he spoke several sentences quite correctly; at other times he wandered greatly, and was quite a lunatic. In speaking he enunciated very deliberately, and his expression of countenance was of intense effort, as if aware of his liabilities to make mistakes. The right leg was completely paralysed, but the right arm, though without sensation, was as strong as the left. Its motions were without regularity; it flew about in various directions when he attempted to use it, and it was with great difficulty and uncertainty that he could put his hand where he wished. He could not write, although a fair scholar.

Upon the patient's forehead, legs, and arms were very large, wavy, crescentric scars and stains, unmistakably syphilitic. On one shin was a considerable node, and the glands of the groin and neck were symmetrically enlarged. The diagnosis was tertiary syphilis of the brain. Patient was treated with twenty-grain doses of the iodide of potassium in half a glass of milk every three hours; ten grains daily being added to each dose until relief or iodism was produced. Within forty-eight hours he improved. The iodide was continued in as full doses as the patient could bear during his stay in hospital, and he was advised to go on with it for six or twelve months. Tobacco and alcohol were totally prohibited.

On the 11th April, 1877, two months after admission, this patient left the hospital and resumed his occupation of "character delineator." His performaces after his recovery were pronounced quite equal to his best in his best days. It is now (Dec., 1877) nearly seven months since his recovery, and no relapse of the aphasia or other symptoms has occurred.

This case exemplifies the *immense* importance of *large* doses of the iodide of potassium in tertiary syphilis.

The following are notes from the history of the patient, taken after his recovery. Contracted soft sores in 1855. In 1858 three chancres on penis, *hard*, and bubo in each groin. Got internal treatment, and was well in four months. Two years after this a very large sore on right leg above ankle, which penetrated to bone. Sarsaparilla and iodide of potass healed this; about four months afterwards a number of sores came on arms, legs, trunk, and head. Vapour baths (mercurial) and iodide of potassium cured them in six months. No syphilitic symptoms for ten years, and good health. Then large sore on same leg and in neck. Cured by the iodide of potassium. Continued well till 1876, October, when he had "liver complaint," and took to bed. October 20th, when sitting up in bed, had an apopletic fit, lasting half an hour; and after it was paralysed on right side. Relaxed mental faculties three weeks, and then was dumb for a time. After this oblivion of events until February, 1877.

This is one of the very many histories of syphilitic aphasia collected by Dr. Drysdale. There is no doubt that one of the most frequent causes of aphasia is syphilis.

LANCEREAUX AND FOURNIER ON SYPHILIS IN ADULTS AND INFANTS.

The question of pulmonary phthisis was hotly contested last year at the meetings of the Pathological Society. Several members seemed entirely to object to any such case ever being noticed. It will be, therefore, interesting to hear as much as possible in future about this interesting point in pathology. Dr. Lancereaux, of Paris, is both a noted writer on syphilis and a great pathologist. In the meeting of the Academie de Médecine of October last he read a paper on a case of pulmonary phthisis, which was followed by reflections on visceral syphilis and the errors that obtain concerning it. Thirty or forty years ago no one believed in the existence of visceral syphilis; but times are greatly changed, and there are even physicians at present who seem to consider as syphilitic most of those pathological accidents which appear in a person attacked with syphilis, attached to the well-known device *post hoc, ergo propter hoc.* M. Lancereaux showed, with the anatomical specimens in his hand, how that tertiary visceral lesions ought not to be allowed to be assumed merely on simple coincidences, but that they must be proved to exist by clear *fundamental* characters, as we may say, and that these may be considered as the indelible signature of the disease which has caused them, thus syphilis is made manifest by material lesions, which are neither diffuse nor extended, but always limited and circumscribed, and possessing quite a special evolution.

In the presence of a syphilitic patient attacked with functional disease of some important viscus, for example the brain, the diagnosis, says M. Lancereaux, is put in the following fashion :—

"Is there any material lesion of the encephalon? If not, syphilis is not the cause; if there be, we must determine whether the lesion is diffuse or circumscribed, and only in the latter case can we admit the possibility of syphilitic origin. Then it is that the knowledge of the syphilitic antecedents of the patient, and especially of the mode of evolution of the lesions, ought to be inquired into in order to differentiate the syphilitic affection from all other affections that have a focus." After these general reflections the author terminated his communication by the following propositions, which are a *résumé* of his researches on this point :—

"1. Syphilis, if we except the concomitant fever which accompanies the onset of the secondary symptoms, is invariably made known by material lesions of the organs, and by functional disturbances subordinate to the seat and extent of these lesions.

"2. This disease never affects primarily any but the tissues which are derived from the middle fold of the blastoderm, and, in particular, the elements of the lymphatic system. The tissues derived from the internal and external folds, the epithelium, nerve-cells, &c., are always altered secondarily.

"3. It manifests itself by lesions of slow development, eccentric in character, the type of which is the connective tissues of the embryo, and which at one time disappear by resorption, or by elimination, at other times are organised into definitive homologous tissues (osseous tissues in the bones, lymphatic in the glands, and cicatricial in the connective tissue).

"4. It evolves in three periods: A first period, characterised by one or several local accidents named chancres. A second, with disseminated eruptions, extended, superficial, or resolvable, that is to say, which disappear without leaving the least trace (generalised or secondary eruptions). A third period, with circumscribed and deep lesions, and such as leave behind a loss of substance, a cicatrix more or less thick and hard (circumscribed or tertiary eruptions).

"5. Lastly, the knowledge of this evolution serves to fix the moment of cure of the disease which, in this, like all diseases of definite type, may be arrested completely at the end of one of its natural phases."

Dr. Fournier, the prince of European writers on syphilis, has delivered a lecture on "Syphilitic Nurses and Infants" (*Abeille M.*, Nos. 40, 41, 1877). The question of syphilis among nurses and infants is of vastly greater importance in Paris than in London. Still, we may learn something by the errors of our neighbours; and if Parisian mothers will continue to be so silly as to hand over their infants to mercenary nurses we may at least study this extraordinary experiment of theirs so long as it lasts, for it cannot last indefinitely.

Some parents in Paris, it would appear, according to Fournier, are most exacting, even when they have syphilitic children. When told that they must not allow their child to suckle a healthy nurse some will reply: "Do you think so? Ought we to wean our infant when it is so weakly and so ill as it is at present? If the nurse should take the disease it would be a misfortune, that is true; but between two evils we may choose the lesser. *Our child before all.* Besides, if the nurse takes some disease we will treat her, and we will give her a compensation. Money will arrange all that."

In such a case, says Fournier, the medical man has but one course before him: 1st. He must first of all *write down* the treatment and hygienic prescription for the infant; and 2nd, below this the following remarks: "Absolute impossibility of continuing to suckle by any nurse," and date and sign the letter. He must then give up the case and retire from the house.

The physician, however, he adds, is not free to communicate to the nurse any of his own thoughts on this subject. "We owe absolute secresy to our patients, even to those who least deserve it."

When sent for by a family we find first of all a syphilitic infant and its nurse with syphilis, which has evidently been derived from the infant. What ought to be done? The infant must be treated, the nurse retained and also treated. It is best to keep the nurse because it is best for the infant, for the nurse, and for all the world. It is best for the infant because it will thus have the only nurse suitable, one who has nothing to fear from it. It is best for the nurse, for she must not take another nurse child; and who, if she remain in the family will then find the possibility of utilising her milk first of all and then of being fittingly treated. It is good for everybody, because by keeping her place the nurse will not go to seek another, and thus risk the carrying infection elsewhere.

Treatment of the Nurse.—Fournier says that difficulties often arise on this point in Parisian families. The Parisian Philistine seems equal to Mr. Matthew Arnold's *British Philistine* in more than one matter. Some parents are so selfish as to exclaim: "But, if you treat the nurse, and give her mercury, will you not alter or diminish her milk? Will our child not suffer?" The reply to this, says our professor, is that firstly, mercury given carefully in no wise modifies the quantity or quality of the milk; and that next, the nurse is a patient and must be healed. But there are thorns in the path of the practitioner even when he has made up his mind to treat the nurse.

"You have examined (says Fournier) a nursling whom you have found affected by an hereditary syphilis, and the nurse who has been contaminated by this infant. When the examination is at an end you are in a room adjacent *tête-a-tête* with the father of the child, who is awaiting anxiously your opinion. This opinion you give out in all its sad truth, and all its rigour. Then there comes desolation and laments from your client, who, having struck his head several times and made a hundred reflections which would have been better to plead before the marriage day than after the birth of his infant, turns to you as to a a Saviour and says: "But what is to be done in this terrible affair?" Fournier advises him first of all to confess, next to pay a compensation, and, lastly, to retain the nurse.

To confess seems to the father at first quite impossible. His vanity and his dignity revolt at a such a thought. He will often propose to treat the nurse without telling her she is ill, and to administer mercury to her under a pseudonym. This, Fournier points out, is not admissible, for to confess is, in the first place, the best thing to do; and next, it would be most unwise to allow the nurse to discover the truth of herself. Honesty here, as elsewhere, is the best policy. Some physicians commit great errors in such circumstances. Firstly, they consent to dissimulate to the nurse the nature of her disease, and call it by some other name. Next, they are compelled to hide the kind of medication they are giving her by some false name. Lie upon lie. What a situation for a physician! Lastly, as the nurse is not informed of the nature of her disease, if she accidentally happen to quit the house, either to meet her husband or to take another nurse-child, she will be sure to contaminate some one, and thus spread suffering. And every person who has once had syphilis has the greatest interest in knowing that they have had it, in face of what may happen to them in future years. In case there is some tertiary lesion, it is of the utmost importance that when the practitioner asks, Have you had syphilis, the patient should be able to reply Yes! There is then no hesitation possible in such a case, and if the parents will not follow your advice and tell the nurse all about her disease, the physician must give up the case at once

ABOUT BOOKS.

Chorea and Whooping-cough. Lectures by OCTAVIUS STURGES, M.D. London : Smith, Elder and Co. 1877.

THESE Lectures were delivered at the Hospital for Sick Children, Great Ormond Street, and the Westminster Hospital. They are a most extraordinary medley, and could never have been expected from the author of "The Natural History and Relations of Pneumonia," already reviewed in these columns (DOCTOR, June, 1876).

The Lectures on Chorea represent the author's theory as a very ingenious one. The reader who has time and inclination for working out curious problems, will find a land of promise in these pages; not so the practitioner who seeks assistance in the exercise of his art.

Why Dr. Sturges has published the Lecture on Whooping-cough we cannot divine. It certainly was not to broach any important original views, nor was it in order to give his hearers a general *resumé* of past opinions or present knowledge about this disease. Dr. Sturges continues to regard whooping-cough as "a purely nervous disease," and "the assumption of a specific morbid poison is both hypothetical and gratuitous," in his opinion. Such language might be excusable in a Dahomean or Samoyedean physician. But the actual observations of Letzerich (*Virchow's Archiv.*), Poulet (*Presse Méd. Belge*), and others have been too long before the scientific world to let it be excusable in a London physician to speak thus of "assumptions" and "hypotheses." That direct inoculation has been successful in the case of animals (rabbits) is also beyond a doubt. Facts of this kind Dr. Sturges vanquishes with a query, such as how "upon this hypothesis are we to account for the fact that a child with catarrh becomes *thereby* liable to whooping-cough ?" It would be as conclusive to ask why a child after scarlatina becomes liable to dropsy ? That a catarrhal condition of the laryngeal mucous membrane should offer a fertile soil for deposited germs is not a very irrational hypothesis, nor one without analogies in pathology; and we fail to see why the catarrhal inflammation so frequent in measles should not act similarly, although Dr. Sturges thinks it "little conceivable that the reception of the poison of measles should confer a liability to receive the poison of whooping-cough" (if such existed). One grave objection to its zymotic character is stated to be the fact that "it does not travel in steps in a given direction, but hops about hither and thither." "The child in the next cot to whooping-cough is not more dangerously situated than the child furthest removed." That there should be different degrees of susceptibility to whooping-cough among the children in a ward, or even actual insusceptibility in some cases, is not surprising, and we certainly do not find all diseases admittedly zymotic "travel in steps in a given direction ;" some, undoubtedly, are guilty of taking "hops," like whooping-cough, and assailing some patients in preference to others. On p. 126 Dr. Sturges asks whether whooping-cough may not be infectious—"not like scarlatina or measles, but like fear, or pity, or discontent ?" We will leave the reader and the author to settle this point. We cannot, however, but take exception to an alleged fact given in support of this *pitiable* hypothesis. It is to the effect that "mere infants, liable enough to whooping-cough, and with a conformation admirably adapted for its reception, are yet irreceptive [*sic*] of it from others," because their dull perceptions are incapable of readily learning the trick. It is possible we may have misapprehended the author's meaning in this sentence, because, in the very next he says, "Thus the baby of the family will either escape the complaint altogether or take it late.' First, we have the baby "irreceptive," then we find it will either "escape," or else take it late. We owe a debt of gratitude to the baby of the family for not causing further complications by taking an intermediate course ! Now, were this alleged fact really the case, Dr. Sturges would be welcome to utilise it, but it is not a fact. Observers of repute have recorded cases of new-born infants suffering from whooping-cough, and we have a case on the authority of Bouchut in which an infant became infected on the second day of its existence. Should additional evidence be required, we would adduce such statistics as those of Würzburg, as analysed by Voit, (*Jahrbuch für Kinderheilkunde*), in which we find that 13 per cent. of all cases of whooping-cough were children of the age of 0-1, while measles at the same age only attacked 10 per cent. The woman's reason for losing her affections—I love because I love—was not half so conclusive as Dr. Sturges' explanation of why one attack of whooping-cough destroys susceptibility to it; it is "due to the fact that this single attack covers, or nearly covers, the whole period of its special liability in this respect"!!! (The notes of admiration are ours.)

We feel half-ashamed for devoting so much space to this work, but the official position of its author renders it necessary to direct attention to his productions.

The Importance of Regular Measurements of the Length of the Body during Growth. By Professor BENEKE, of Marburg.

IN his lately published writing, "The Anatomical Causes of the Anomalies of the Human Constitution," Dr. Beneke (*Memorabilien*, 1877, Heft, 10) says he has pointed out how the relative proportions between the size of the heart and the diameter of the larger systemic arteries becomes altered as age advances. Whilst in new-born children the heart has a volume of nearly 20 to 25 C cm., and the ascending aorta has a circumference of 20 mm. ; there is, in grown up subjects a volume of the heart of 260 to 310 C cm., and a circumference of the ascending aorta of about 68 Mm. The heart thus grows in this period nearly twelve times in volume, while the circumference of the aorta does so only some three and a half times. The diameters of the thoracic aorta and the abdominal aorta, with that of the two common iliacs, the subclavians, and the carotids, are quite similar in their growth. Between the pulmonary artery, however, and the ascending aorta there is a difference, for in the child the pulmonary artery is about 6 Mm. wider than the aorta, but in adults both vessels are of similar circumference.

It is clear that from this it results that the proportions of pressure of the blood must be different in the larger and smaller arteries in the different periods of life. It results that there is a less pressure in the systemic circulation of the child than in the adult; whilst in the lungs there is a higher blood pressure, and for adults a relatively lesser pressure.

At puberty the heart increases notably in volume. This increase of volume principally is connected with the left ventricle.

It is clear, then, that if these alterations of the proportions of the heart and arteries do not proceed in a normal way disturbed health must follow; and for the development of the size of the heart it is very essential that the length of the body should be normal. If the increase in stature, and with it the increase of diameter of the arteries goes on very rapidly, the heart will either not be able to keep pace with this, and the pressure on the arteries will remain too little, or the heart developes very quickly, and the blood pressure on the systemic arteries becomes high, and the outbreak of puberty will follow too quickly and prematurely. If the heart remain behind in its development the different proportions between the organ and the arteries does not take place, and in this, probably, there is a danger of the causation of pulmonary consumption in later life.

On Visceral and Parietal Hydrocele. By SAMUEL OSBORN, F.R.C.S. London: J. E. Adlard. 1877.

IN a succinct pamphlet of eighteen pages, and reprinted from the St. Thomas's Hospital Reports, the writer submits for our notice his views on visceral and parietal hydrocele, and we feel bound to say that very seldom indeed have we perused a literary production of kindred size in which so large an amount of solid readable matter presents itself. The author treats his subject from the "egg to the apple," nevertheless, and gives the views and opinions of that great father of the subject—Mr. Curling, and of others, besides his own views on points debatable, and of much interest to the operative surgeon no less than to the busy practitioner, and, indeed, to all those who desire information, clear and concise, on a very important, we might say, all-important section of surgical science.

Mr. Osborn bases the classification of his subject anatomically, and in the development of this system, commences his task by giving us—

1st. Hydrocele of the tunica vaginalis (visceral or parietal).

2nd. Hydrocele of whole vaginal process of peritoneum (congenital).

3rd. Hydrocele of the funicular portion of the vaginal process of the peritoneum (congenital or acquired).

4th. Encysted hydrocele (due to dilatation of spaces in connective tissue, dilatation of the remains of the Müllerian ducts of the organs of Giraldès, and "to any other cysts occurring external to the tunica vaginalis testis").

On this foundation the edifice is raised, trite and trim. Finally, the practice, radical and other, recommended, or usually adopted in the treatment of the disease, is amply placed before the reader.

Die Morphiumsucht nach eigenen Beobachtungen. Von Dr. E. LEVENSTEIN. Berlin: Hirschwald. 1877.

DR. LEVENSTEIN defines "Morphiumsucht" as the passion for morphia, as a stimulant, or the morbid state induced by its undue consumption. Dr. Levenstein has had considerable experience in this serious and apparently increasing danger, which he attributes in no small degree to the carelessness of medical men in allowing patients to make subcutaneous injection themselves. The disease has many analogies with dipsomania, but differs in that the former is chiefly found among the wealthier classes of society; further, amyloid and fatty degenerations do not occur, and psychic affections do not show themselves during the stage of intoxication. The author treats in detail the symptomalogy and complications which may arise. The progress of the disease is always slow, and the prognosis favourable as far as getting free from the passion for morphia, but doubtful as to recurrent attacks. We entirely agree with the opinion that the treatment consists in the immediate and complete withdrawal of the poison, as distinguished from a gradual diminution of the quantity taken. On the whole, we cordially commend the book to the attention of our readers.

On Defects of Vision which are Remediable by Optical Appliances. A Course of Lectures delivered at the Royal College of Surgeons of England. By ROBERT BRUDENELL CARTER, F.R.C.S. London: Macmillan and Co. 1877.

THESE Lectures are well worthy of the reputation of their author, and of the assembly before whom they were delivered. In them the reader will find collected within a moderate compass, and in a very readable style, all that is at present known on the subject treated of. Not only are the various questions of physical optics treated of in a masterly manner, but what is more important, perhaps, to the practitioner, they are only introduced as the media by which disease or defects of the eyes are to be remedied. This volume should be found in the study, not only of every ophthalmic surgeon, but of every practitioner.

The Mechanism and Treatment of Pulmonary Complications of Acute Cardiac Disease. By BEVERLY ROBINSON, M.D. New York: W. Wood and Co. 1877.

IN this pamphlet, which is full of interest, the author comes to the following conclusions:—

1. Pulmonary disorders are frequently the immediate and almost necessary consequence of disordered heart action of acute type.
2. These pulmonary complications should not be considered as being frequently of inflammatory nature, but rather as being manifestly produced by mechanical obstruction.
3. In our effort to combat effectually these secondary affections, which are often rapidly dangerous, we should make use of a remedy which will strengthen and regularise heart-action while lowering gradually and safely pulse, respiration, and temperature.
4. Quinine, in small or large doses, does not produce these results, and should, therefore, give place to a remedy which does—viz, digitalis.
5. Moderately high temperatures are not necessarily very pernicious, or of great moment, in so far as the indications of treatment are concerned.
6. Our therapeutic treatment of pulmonary complications consequent upon acute cardiac disease (endocarditis, pericarditis, myocarditis) must be guided rather by the general symptoms of disease in our patient than by one single morbid phenomenon—viz., elevation of body temperature.

LITERARY NOTES.

MR. F. VACHER has reprinted his paper, entitled *A Villa Hospital*, as read last year at Manchester. Those interested in the subject should read this pamphlet.

WE have before us the publications of the *Thirlmere Defence Association*, to which we wish success.

THE *Fifty-Seventh Annual Report of the Seamen's Dreadnought Hospital* deserves commendation for a table showing the income and expenditure of the last five years compared. This table is an amplified copy of the returns made each year to the Council of the Hospital Sunday Fund, and if this plan were universally adopted by hospital managers, a reliable and common basis of comparison would be secured without additional trouble to the hospital authorities.

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AT THE SOCIETIES.

AT THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 12TH, 1878.

Dr. VIVIAN POORE read a paper on

WRITER'S CRAMP AND IMPAIRED WRITING POWER,

of which the following is a brief extract.

The paper was founded on an analysis of 75 cases. The author divided the cases into six groups—1, paralytic (6 cases); 2, spasmodic (5 cases); 3, degenerative (9 cases); 4, neuralgic, or neuristic, (19 cases); 5 writer's cramp (32 cases); 6, anomalous (4 cases). It was remarked that as the ulnar nerve supplies 13½ out of the 18 intrinsic muscles of the hand, its integrity is necessary for all delicate manipulations —especially writing. The spasms which affect the hand in paralysis are sometimes owing to faulty antagonisation among the muscles of the paralysed limb. In these cases we should look to the peripheral aspects of the question, as well as to centric causes. There will be no spasm when the nervous impulse, issuing from the brain, is distributed to equally irritable muscles, but if the equilibrium of antagonisation is disturbed by secondary lesion the production of spasm is easily conceivable. Loss of writing power is often the first and most prominent symptom of degenerative change occurring in the spinal cord or brain. The neuralgic group may be induced solely by overwork, or by strains and other injuries, combined with exposure to cold and bad health. It is often difficult to distinguish this group from true writer's cramp, but the neuralgic variety involves a wider area; it is sometimes induced without excessive exercise of any function, and the neuralgia is a prominent symptom. In the group of true writer's cramp considerable care is necessary to detect peripheral evidence of mischief, but the author states that in every case of impaired writing power which he has seen *there has been evidence more or less marked of derangement of one or more of the muscles used for writing.* This evidence consisted of—first, obvious failure to use certain muscles efficiently, either for writing or for some other less complicated act; secondly, the occurrence of consentaneous movement or tremor when certain muscles were put in action; thirdly, depressed or exalted electric irritability; and, fourthly, the occurrence of sensory derangement, or nerve tenderness. The muscles which are most frequently involved are those of pen-prehension and pen-movement. Reviewing the cases as a whole, attention is directed—first to the inferences which may be drawn from an inspection of the hand-writing; secondly, to the fact that joints were found to be implicated no less than twenty-one times, the joint affection being rheumatic, neuropathic, gouty, or due to strained position; thirdly, to the fact that a difficulty in writing is not very infrequently hereditary, or developed very early in life; and that, fourthly, any evidence of involvement of the nerve-centres is decidedly rare. Writer's cramp has been spoken of as a disease of "faulty coordination," and such, no doubt, is the case. Although we are not justified in assuming that there is a special co-ordinating centre for the act of writing. The existence of such a centre is improbable because, (1) in most instances of writer's cramp, there is evidence of peripheral change only; (2) if there be such a centre it must be created as it were by education; and the fact that it is scarcely more difficult to write with the toes than with the fingers is much against the probability of the existence of a writing centre. Then (3) this affection is never suddenly established as aphasic sometimes is; and (4) a purely peripheral lesion is sufficient to account for the symptoms. The author is still induced to call this affection a "fatigue disease." This fatigue may be the expression of hyperæmia or mild inflammation of a motor nerve, which may be caused by overwork, cold, rheumatism, injury, &c. Or it may occur from prolonged strain, especially as prolonged strain of certain muscles is inseparable from the act of writing. Lastly, Dr. Poore would class this disease among the neuralgias, a disease the phenomena of which are purely local, but which are due not only to conditions affecting the sensory area involved, but also to molecular change affecting any part of the sensory fibre, before or after its junction with the nerve centre.—Dr. BUZZARD, after complimenting Dr. Poore on the great value of his paper, remarked that the facts advanced by Dr. Poore coincided with his own observations. He did not think that writer's cramp could be regarded as a disease *sui generis;* and he noticed that the author of the paper had not alluded to lead poisoning as a cause of this affection. Dr. Buzzard had also seen cases associated with gout, and which were probably due to the existence of a gouty neuritis. Nor did he think that the peripheral theory of the disease had been thoroughly made out, for there was much to be said in favour of a centric cause. The fact that the affection commenced in the smaller muscles and gradually spread to other and larger muscles, and the fact that in a few cases if the right hand is no longer used, the left hand called into play would become affected, were arguments in favour of a central, rather than a peripheral, lesion. Dr. Buzzard's view of the causation of writer's cramp, was as follows: The frequent undue use (or even the ordinary use in persons of unstable nervous equilibrium) of certain muscles in performing a special act must cause a continued state of congestion of the centre controlling the movements of those muscles. Such a congestion might eventually lead to atrophy or want of nutrition in that particular portion of the nervous centre; and hence would ensue a certain amount of paresis and consequent alteration in the muscles over which that centre presides. This again would react upon the centres themselves; for, in proportion to the difficulty of muscular action, the greater would be the amount of nervous energy directed to the limb, and this continued overflow of nervous energy would cause more and more groups of muscles to be involved.—On the other hand, Dr. BROADBENT thought that Dr. Poore's paper afforded a solid basis for the view that writer's cramp was really a peripheral disease; and he had long thought that the periphery of the nervous system had been much neglected. He also perfectly agreed in the author's rejections of a special co-ordinating centre for the act of writing.—Dr. POORE replied.

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AT THE MEDICAL SOCIETY OF LONDON.

MONDAY, JANUARY 14TH, 1878.

Mr. WORDSWORTH exhibited six persons belonging to one family who are all affected by

CONGENITAL DISPLACEMENT OF BOTH CRYSTALLINE LENSES.

They consist of Mrs. H., her two sons, and their three children. A third son of Mrs. H., who is now in New Zealand, was examined many years since, and his case described in the first volume of the Royal London Ophthalmic Hospital Reports by Mr. Dixon. In addition, Mrs. H. states that her own father, his youngest brother, and her grandfather were all similarly affected. If this be so, there is a series of *ten* cases occurring in *five* successive generations.

They all complain of being short-sighted, and on close examination by oblique illumination, and when viewed by the ophthalmoscope, the crystalline lens in each eye is seen to be displaced, and its edge visible in the pupil.

For distant vision they look through that part of the pupil in which the crystalline is absent, and for near objects through the crystalline itself.

The family recognised the defect in all who are subject to it, and in those they considered exempt, the examination confirmed their opinion.

The annexed tabular statement, made by Dr. Morton, clinical assistant at the Moorfields Hospital, fully shows the particulars of these very interesting cases:—

Mrs. H., æt. 59. Displacement: R. E. upwards and inwards; L. E., do. Irides, light brown; lenses becoming opaque. Vision: 20-200th, scarcely, and J. 1. at 8 inches; after atropine, with ¼ = 20-50th; after atropine, and with ⅓ = J. 1. at 6 in.

George H., æt. 37. R. E., inwards; L. E., inwards and slightly downwards. Irides, grey-blue. Vision: R. E. = 20-200th, nearly, and J. 19; with 1-20th = 20-70th; with ⅓ = J. 12. at 6 in.; L. E., 20-200th, and J. 1. at 1⅓ in.; with 1-14th = 20-50th, and with ⅓ = J. 1. at 5 in.

William H., æt. 35. R. E., upwards and inwards; L. E., inwards. Irides, brown. Vision: R. E. = 20-200th, and J. 1. at 2 in.; with 1-3½rd = 20-50th, and J. 1. at 8 in.: L. E. = not 20-200th, J. 1. at 2 in.; with ½ = 20-100th; with 1-3½rd = 20-50th, and J. 1. at 5½ in.

Maud H., æt. 10. R. E., inwards; L. E., do. Irides, grey. Vision: R. and L. = 20-200th, and J. 1. at 2 in.; after atropine, with 1-12th = 20-200th, and with ½ = J. 1. at 4 in.

Alfred H., æt. 5. R. E., upwards; L. E., upwards and inwards. Irides, grey. Vision not proved.

George H., æt. 7. R. E., upwards and outwards; L. E., upwards and inwards. Irides, brown. Vision not proved.

MONDAY, FEBRUARY 18th, 1878.

Mr. **WM. ADAMS**, F.R.C.S., read a communication to the Society on

THE TREATMENT OF BROKEN NOSE BY FORCIBLE STRAIGHTENING AND THE SUBSEQUENT USE OF RETENTIVE APPARATUS.

The Author exhibited some improved instruments for the treatment of broken nose, a subject which he had first brought before the Society in March, 1875. Mr. Adams divided the cases of broken nose into two classes — 1st, those in which the cartilaginous septum was depressed and bent laterally, so as to plug one nostril, obstruct the breathing, alter the voice, and produce ozæna by the decomposition of retained mucous secretion; and, 2nd, those in which the nasal bones were fractured in addition to the lateral bending and partial displacement of the cartilaginous septum. The operation which Mr. Adams had proposed was to straighten the bent cartilaginous septum by large flat-bladed forceps, and, where possible, to raise the lower margins of the fractured nasal bones, afterwards retaining the septum in a straight line with the vomer and perpendicular plate of the ethmoid bone by an ivory clamp, and also retaining the nose in an improved position by a nose-truss, worn externally. The large flat-bladed forceps originally used by Mr. Adams in 1861, when he first successfully performed this operation, had not been improved upon, but the retentive apparatus for the septum, and the nose-truss, applied externally, had been materially modified and improved, and various modifications were exhibited to the Society. The steel screw-compressor and the large ivory plugs were now replaced by the ivory clamp, with rack and pinion movement, first made by Mr. Ernst; and the retentive nose-truss, consisting of a broad metal forehead-band with two double action rack-and-pinion movement levers, with adjusting plates, had been greatly improved by Mr. Hawkesley. The necessity of retentive apparatus in cases of broken nose had been questioned by some surgeons from the absence of the causes of displacement by muscular action met with in the extremities and other parts of the body; but if it could be dispensed with in some cases of recent injury, Mr. Adams considered that it never could be dispensed with in cases of some months, and frequently of several years after the injury, and these were the cases which had generally fallen under Mr. Adams's observation. He especially drew attention to three cases now under his care, all occurring in young ladies between 13 and 16 years of age, who had met with accidents eight or ten years previously by falling downstairs, or similar injuries. Increasing deformity of the nose was observed at this period of development, and, upon examination, one nostril was found to be completely plugged by lateral bending of the cartilaginous septum. The breathing and the voice were both interfered with, and ozæna generally existed. In these cases the nose was completely and permanently straightened by the plan of forcibly straightening the septum, and afterwards continuing the use of the retentive apparatus, the ivory clamp being used continuously for three or four days and nights, and afterwards at night only, whilst the nose-truss was worn during the day for several months.

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AT THE SURGICAL SOCIETY OF IRELAND.

FRIDAY, JANUARY 18TH.

Mr. P. C. SMYLY, Vice-President, in the chair.

DEFORMITIES OF THE BLADDER, AND OPERATIONS THEREFOR; AND EXPERIMENTS TO TEST THE LENGTH OF THE INTERVALS BETWEEN THE ABSORPTION OF MEDICINES AND THEIR EXCRETION BY THE KIDNEYS; AS WELL AS EXPERIMENTS TO TEST THE INFLUENCE OF CERTAIN DRUGS ON THE SECRETION OF BLADDER MUCUS.

Professor RAWDON MACNAMARA said that, *a priori*, anyone could take any patient and effect such experiments. But it was not so easy to do so at all. In the first place, they wanted to get the secretion minute by minute, when the medicine was absorbed and carried into the urinary bladder. It was not so easy to get a patient, as it were, to make water at word of command. That was an exceedingly difficult thing. It was, however, his good fortune to get hold of a patient who had that rare gift, for when he held a vessel before him he would make water, and when he told the patient to stop he did stop, exactly at the moment he was told to stop. That was a very remarkable fact connected with that patient, who was suffering from hydrocele, and on whom he (Mr. Macnamara) performed the radical cure. It happened that upon the morning when he made his experiments, Dr. Haughton came up to the Meath Hospital, and thus the experiment was immortalised because it was quoted in Dr. Haughton's work on "Animal Mechanics," a work that would live when most of us had passed away. He would now read the words in which Dr. Haughton described the experiment. "The time occupied by absorption, circulation, and secretion combined, may be set down at less than four minutes, as appears from the following interesting experiment devised by Professor Macnamara of the Royal College of Surgeons in Ireland, at which I had an opportunity of assisting. An old soldier, a patient of the Meath Hospital, suffering from hydrocele, was trained by us to urinate at the word of command, at intervals of one minute, into a succession of of test tubes. When his training had been completed by a few days' instruction, the sac of the hydrocele was emptied, and injected with two drachms of tincture of iodine. The patient then urinated, at intervals of one minute, into the test tubes previously prepared, commencing at one minute after the injection. The fourth test tube responded faintly to the starch test for iodine, and the fifth and subsequent tubes showed its presence very distinctly. From this experiment, it is evident that the entire process — viz., absorption by the tunica vaginalis; transmission by the lymphatics and capillary veins to the heart; retransmission by the renal arteries to kidneys; secretion of urine, and its transmission to the bladder by the ureters—occupied less than four minutes, or about five times the entire time required for the circulation of the blood." There was very little merit attaching to that experiment, beyond that which was to be attributed to the patient; for it was very easy with such a patient to make the experiment. In all the cases of Mr. Wheeler, as far as he (Mr. Macnamara) remembered, the ureters opened exactly on the surface, and he had each time to perform the experiment on the urine as it was delivered, without its being required to be delivered into the bladder. Now he considered that that was a fact that should, in the course of the discussion, be held in recollection, because, having some experience in the treatment of these affections, he confessed he was surprised at the facility and length of time with which the urine was alkaline. Now he must say that it sometimes came to his lot to treat cases where he would be very anxious to make the urine alkaline, and the result of his experiments was that that was not so easily effected as it appeared to have been in Mr. Wheeler's cases. He (Mr. Macnamara) found it much more easy to make the urine acid than alkaline; but they could readily understand that. The great probability was that the explanation of those cases was that it was going on in a subject whose kidneys were distinctly healthy, and it was also going on in a subject where the urine was delivered without having reached the bladder. Probably that might be some explanation of Mr. Wheeler's case. It was an interesting fact, after all. He was sorry that Mr. Wheeler's experiments were not conducted on a still more extended scale, for he thought Mr. Wheeler had had an opportunity of establishing some very important facts in connection with the absorption of medicines. For instance—he (Mr. Macnamara) did not know whether Mr. Wheeler would have considered it right to do so or not—he should have liked to see what would be the result of the administration of mercury in such a case, and its excretion by the kidneys. It would have thrown a great deal of light on a question which was at this moment *sub judice.* The experiments which Mr. Wheeler had instituted seemed to him (the speaker) to have their principal value in pointing out, first, the rapidity with which absorption was effected in connection with medicines; and the second important observation to be deduced from them was, he thought, the power of certain medicines in producing alkaline reaction in urinary secretion. He must congratulate Mr. Wheeler on the immense amount of research he had displayed in his paper, the great amount of instruction it contained, and the manifest pleasure with which every one listened to it; and he (Mr. Macnamara) was sure that he was but expressing the sense of the meeting when he said how gratified they were to find one of their members contribute to their proceedings so important a paper as that which they had had the good fortune to hear on the occasion of their last meeting.

Dr. **Mapother** said he thought the most interesting a important part of Mr. Wheeler's very comprehensive paper was that detailing the rate of passage of various chemical agents from the stomach to the bladder. The results had verified those of Erichsen, when lecturer on physiology in Westminster Hospital, in 1845. Ferro-cyanide of potassium passed in one minute if taken eleven hours after food, and in thirty-nine when given after a full meal. The patient was not very tolerant of physiological trials; but Mr. Wheeler's should have been more so, for amendment by surgical procedure was promised, and afterwards carried out. The rapid passage of certain substances, and the tardy appearance of others, could be explained by their crystalloid or colloid nature—terms afterwards applied by Graham. The long continued alkalinity of the urine after the dose of alkaline salts could not have depended upon their neutralising the acid of the urine. In one of Erichsen's experiments, that fluid was alkaline for six days after the taking of 120 grains of bicarbonate of soda; during that time the acidity of the urine would have probably averaged that of 270 grains of oxalic acid. If such grand opportunities for physiological and therapeutical research should again occur, quantitative analyses of the urine at regular periods after the ingestion of saline and other drugs of more complex nature, would be very desirable, especially if the kinds of foods and times when taken were precisely noted. The practitioner would thus be guided as to the most suitable times for administering various medicines. If Mr. Wheeler had sought for the iodide in the tears or saliva, instead of in the urine, which it might possibly have reached directly, more conclusive evidence would have been given regarding the absorbing power of the mucous surface of the bladder.

Mr. B. **Wills Richardson**: The postponement of the discussion to this evening enabled me to communicate with Sir Henry Thompson on this interesting question chiefly to ascertain whether he had modified his opinion, on the non-absorbing property of the closed vesical reservoir, and at the same time to ascertain if he had any experience of experiments on the extroverted organ. To my questions thereon, he kindly sent me the following replies:—He tells me that he has no experience of experiments on the extroverted bladder, and he agrees with me in thinking that the condition of an exposed mucous membrane is not in the least analogous to the lining of a reservoir, with which the air never comes in contact. He has experimented only on ordinary well-formed bladders usually with some chronic cystitis present. He should never dream of applying morphia, in the expectation of furthering this inquiry, to an ulcerated surface. He should expect such a surface absorbent, of course; and he considers that there is no kind of analogy between the action of a salt laid on a raw vascular surface and on the unbroken lining of the bladder. Break the surface of the mucous membrane or of the skin, and you may find absorption active enough, as in the case of vaccine and syphilitic viruses, both of which are handled with impunity, but applied to the slightest breach of surface, are absorbed. Nothing that you have named as an illustrative experiment (Mr. Wheeler's experiment) bears on the subject in the slightest degree. But he has several times, in University College Hospital, in presence of the pupils, and once in presence of a journal reporter, who watched the result and published it, injected a drachm of liquor opii into a bladder slightly inflamed only, without the smallest effect on the system. He was led, many years ago, to the result in consequence of injecting bladders, which were the cause of great suffering, with opiates, in the hope to allay pain and affect the system, and without effect, which surprised him. No doubt that the mucous lining of the bladder is that of a *non-absorbing* reservoir, wholly differing from that which lines any portion of the intestinal tube, which is throughout, more or less, *an absorbing canal.* Thinking it desirable to have an explanation of Sir Henry Thompson's observation as to the impunity with which the syphilitic virus might be handled, he also favoured me with a reply to a letter in which I asked for such. He says that his "belief has long been that syphilitic infection never takes place, except when there is some breach of surface. Why should it? When the male organ is erect, the minutest crack in the skin round the prominent ridge of the corona is so very likely to take place. The mechanism of the act is the best possible one can conceive for getting a microscopic crack inoculated, if a sore, or its secretions be in the way. The favourite situation for sores indicates this mode of inoculation; and it is never by the finger that syphilis enters the system, unless there is a crack or sore there; and yet, as every man knows, the finger—take the world round—is, perhaps, quite as much exposed as the penis, only the skin is not so tender on the finger, and is not liable to the *great and sudden extension which so much favours the cracking* he refers to. If handling syphilitic or any other animal poison risked infection, how many of us would escape? As it is, only an occasional accoucheur who gets it, and he always had some sore or crack on his finger —"at least," he "always" hears "that it has been so. Such," he concludes, "have long been" his "views, and," he thinks, "a little reflection will show, at least, there is some probability of their accuracy." These are Sir Henry Thompson's opinions; and in conclusion I may observe that, some years ago, I frequently injected 20 grains of extract of belladonna into chronically-inflamed bladders, and eventually relinquished the use of the drug, not seeing any resulting benefit therefrom. At all events, in none of the cases were the specific effects of belladonna on the system observed; whereas, I have known three grains of this extract given by the rectum to produce most alarming symptoms.

Dr. **O'Leary**: In the first place, he thought that in all Sir Henry Thompson's cases, the bladder was not a healthy surface; it was a diseased surface. It was a surface labouring under chronic inflammation, of inflammation of some sort; it was not in a physiological, but it was in a pathological state at that time, so as to arrest its function, and also to cause effusion from its surface, throwing off all its superficial cells and secreting mucus on the surface, on an impermeable surface, and causing a physical obstacle to absorption.

Mr. E. **Hamilton** said he did not consider that in Mr. Wheeler's cases the mucous membrane of the bladder was in anything like a healthy state. It was not a natural condition for the mucous membrane of the bladder to be exposed to the air, and therefore he was satisfied as a physiologist, that its exposure to the air would make marked changes in the mucous membrane, and alter the membrane altogether from its natural condition. He was sure, therefore, that in Mr. Wheeler's cases there were marked changes in the mucous membrane, which might account for the violation of natural laws, and it might be an explanation of Mr. Wheeler's cases that the membrane had become an absorbent surface. But he would accept Mr. Wheeler's facts sooner than a thousand theories. Still he thought they must look for every means of explaining the alterations in what appeared to be the absolute laws of nature. There was coming into their hands very much, and it would come into the hands of the student, because it was an exceedingly good book, a modern Treatise on Physiology in which this subject was very ably entered upon and discussed, and in which, indeed, a very marked dogma, a distinct positive assertion is made. If Mr. Wheeler's statements be true, and cannot be explained by the alteration of mucous membrane by exposure to the air, it would give a complete upset to the statements put forth by this writer; he referred to the Physiological Lectures by Dr. Kuss, professor of physiology at Strasburg. If Dr. Kuss's experiments were correct, and if Mr. Wheeler's were also correct, they were placed in a dilemma, and for himself, he (Mr. Hamilton) said that the only explanation was that the mucous membrane had undergone a marked alteration, that its natural condition was completely changed, that it was almost converted into an absorbent membrane, and he thought with those very opposite statements that they must try and find some means of reconciling them.

Mr. **WHEELER** in reply, as to the iodine test being fallacious, admitted that if it had been tested for in the saliva, the experiment would probably have been more satisfactory. He did not think his case and that of the cast exhibited by Mr. Richardson were analogous, inasmuch as the cast was that of a young boy from Houston's Collection in the Museum. In that case, there would be more than a quarter of an inch from the exposed bladder to the ureters, but in the case that he (Mr. Wheeler) experimented upon, and a drawing of which he now exhibited, there would be at least two inches from the ureters to the place where the iodine and lard was. Besides, the experiment proved that the vagina absorbed the iodine, and the same structure that formed the mucous membrane of the bladder formed the mucous membrane of the vagina. Mr. Wheeler now referred to a diagram which he had drawn on the board, showing that the splanchnopleure, or hypoblast, with inner layer of mesoblast, formed the mucous membrane of the bladder and vagina, and if one mucous membrane absorbed, there was no reason why the other should not. There was not any ulceration of the bladder on its surface in the case referred to. The only question which could arise, was the one put forward by Dr. Hamilton, whether the external air could influence its absorbing powers. If he mistook not, Professor Kuss stated that the mucous membrane of the vagina did not absorb. With regard to anodynes being injected into the bladder, he might state that the President of the College had mentioned in the course of conversation a case in the practice of Mr. Hutton, where belladonna was injected into the bladder, and the patient had the signs of poisoning by that drug. Whether that bladder was diseased or not, he could not say. Mr. Richardson had asked him the length of time it took him to endoscope the patient. It took him about three quarters of an hour; he did not make a note, but he believed that was the time. With regard to the length of time it took for the patient suffering from extroversion to come under the influence of morphia, was about 25 minutes, and previously she had been in the habit of taking morphia by the mouth. In conclusion, Mr. Wheeler said he was glad that the paper had elicited so important a discussion.

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AT THE METEOROLOGICAL SOCIETY.

THE usual monthly meeting of this Society was held on Wednesday, the 20th inst., at the Institution of Civil Engineers, Mr. C. Graves, F.G.S., President in the chair, when Dr. Tripe read a paper on "The Winter Climate of some English Sea-side Health Resorts." The places selected were Scilly, Torquay, Penzance, Guernsey, Barnstaple, Ventnor, Llandudno, Ramsgate, and Hastings, and the climatic features of each were compared with those of London. The results of this discussion may be briefly summed up as follows, viz :—The mean daily winter temperature of these seaside places, and especially of those situated on the coast of Devon and Scilly, is higher than at London; the mean daily maxima and minima are also higher, and especially the latter, so that the daily and monthly ranges of temperature are smaller; the mean humidity is less: the general direction of the wind about the same, but the number of rainy days, and the rainfall are greater at the sea-side. As regards the wind, therefore, the chief point to be especially noticed is the amount of shelter afforded by high land as at Ventnor, and especially of protection against the stormy and cold winds which ordinarily prevail at the end of February and in March. The soil also should be considered, as heavy rains at gravelly and chalky places are not so objectionable as on clayey ground. The discussion on this paper was adjourned until the next meeting, which will be held on March 20th.

The following were elected Fellows of the Society :—

W. C. Baker, W. Berridge, W. M. Burke, Rev. J. A. L. Campbell, Prof. J. Eliot, Lieut. C. S. F. Fagan, C. H. Holden, Prof. H. J. S. Smith, Capt. W. Watson, C. Woolett, and Miss E. A. Ormerod.

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MEDICAL OPINION.

THE DENTAL PRACTITIONERS BILL.

THE *Lancet* says :—

This extraordinary measure was postponed on Tuesday last until the 5th of March. The only emotion the announcement is likely to occasion will be that which springs from wonder that the Government did not at once declare the strongest opposition to a proposal which aims at making it penal for the only fully qualified dentists in the country—those who are first surgeons, and then specialists—to describe themselves by their proper title; except by the sufferance of a class of practitioners who add to the anomaly of declaring themselves "surgeon-dentists" when they are not surgeons, the audacity of claiming to prevent surgeons from calling themselves "surgeon-dentists" unless by their gracious permission. The Bill is so monstrous in its character that it must be taken as a proof that its real nature was not understood in the House of Commons—that it was not instantly rejected. In truth, it is not a measure which can be discussed with any equanimity. It is a proposal that should be dismissed as inexplicable. We cannot even bring ourselves to believe that so intelligent a member as Sir John Lubbock can have understood the character of the proposal he has consented to introduce to the notice of Parliament. The action we have taken in the matter has the support of the leading members of the profession, and we have only further to suggest that medical practitioners who are duly registered under the Medical Act and believe that the law gives them power to practise *any* part of their profession without let or hindrance, and who wish to retain the same privilege for their successors on the register, should at once organise petitions to the House of Commons, recalling it to a sense of its duty, in respect to the provisions of a statute passed so recently as the year 1858. The promoters of this Bill offer medical practitioners on the Register "at the passing of this Act" the privilege of being registered as dentists in the same list with all the advertising quacks and unqualified dentists who may be in "practice" at the same time. We should be astonished to find that any member of the College of Surgeons would consent to place his name in such company. It is an insult to the profession to entertain the proposition that a Bill embodying this strange overture should pass. The promoters of the measure have even greater courage; they ask Parliament to enact that, after the passing of the Act, no surgeon shall engage in the practice of dentistry—so describing himself—unless registered, under a penalty of £20. We much mistake the temper of the general practitioners of this country if they do not follow the lead of the physicians and surgeons of the metropolis and petition Parliament to throw out so mischievous a Bill. We shall be happy to supply any registered practitioner with a copy of the form which may be used for petition on application by letter at the office of *The Lancet.*

The *Medical Press* says :—

The attitude of the Government ought, to convince the profession that their energetic action is at once required. They must act for themselves by petition, and by the exercise of influence with their representatives, for the Medical Council is as usual, entirely insensible to the emergency, and some of the colleges are involved in the support of the Bill, and cannot speak against it. Medical opinion is firmly united in a universal condemnation of this Bill, and in an emphatic protest against the proposition to make surgeon-dentists of all who can find money to buy a name-plate between this and January next, but there are important differences of opinion within the profession as to the amount of education which ought to be required from the dental surgeons of the future. Many surgeons, and most of the highest rank in the dental profession, maintain that a dentist should be a surgeon first and a dental specialist afterwards; that no one should be recognised as a dental practitioner except a duly qualified surgeon, and that if it pleased him to take a special license in dentistry that qualification should be additional to his surgical qualification. In support of this view it is argued: *Firstly*, that the skilful practice of dentistry involves a complete knowledge of the subjects correlative to surgery, and that a dentist cannot treat teeth diseases without an acquaintance with all branches of the education of the medical profession. *Secondly*, that no licensed speciality separate from surgery is recognised in the case of ophthalmology or gynæcology, and that it is not desirable to encourage the splitting up of medicine into a variety of specialities. *Thirdly*, that surgeons who now are alone recognised as legally qualified practitioners in all branches of their art (including dentistry) would suffer injustice if others, not educated or licensed as surgeons, were admitted to the legal practice of this part of surgery. *Lastly*, that great opportunity would be afforded for the practice of all branches of surgery by unqualified persons if they were once permitted to engage legally in any one of those branches. These are the arguments put forth in favour of maintaining intact the present privileges of the profession, and, as such, they are entitled to our sympathy so long as they can be made to agree with the necessities of the public and the actual *status quo* in which we live. But it will be admitted, we think, that these arguments are disproved by a reference to the condition of dental practice throughout the three kingdoms. In the first place, it will not be denied that, whether or not the profession recognises dentistry as distinct from surgery, the public does so recognise it, and dentists who are not surgeons are as much a matter of fact as it is possible for any legislation to make them. The reason for this is obvious. It arises from the fact which those who argue in favour of the identity of surgery and dentistry would deny, from the fact that dentistry is not a limited speciality capable of being learned (at least to an extent sufficient for average practice) in a short time, and, therefore, within the reach of many who could not engage in the study of surgery. It is really futile to maintain that a man cannot be a thoroughly good dentist without having learned the anatomy, pathology, and surgery of the whole body, and this observation applies to the surgery of the teeth with much greater force than to ophthalmology or obstetrics, because the dependence of diseases of the teeth, jaws, and face, upon the state of the general system is much less close than in the case of these specialities. It might be said, indeed, with truth, that at least two-thirds of the study and money which is required by the surgeon for his complete qualification would be altogether thrown away the moment he narrowed his practice to dentistry, and it is, therefore, neither practical nor reasonable to compel a dentist to expend that labour and money on that which he has no need for before he can commence to learn that which he really wants. It would, surely, be anomalous that a dentist, whom competition might compel to accept very small fees, should be forced to have a higher qualification than his neighbour the surgeon, inasmuch as he should superadd a dental licence to the surgical licence which entitled him to all forms of medical practice. We therefore hold that a licence in dentistry, separate and distinct from the surgical qualification, should be provided by the surgical colleges in order that the requirements of the public may be met. We do not for a moment suggest that the right or capacity of the surgeon to practise dentistry should be open to doubt; on the contrary, we should look upon the surgical diploma as the higher degree in dentistry to be obtained by those who desired a more honourable qualification than that of L.D.S. We insist, however, that if any person is to be admitted even to a nominal association with the profession, he should pass through a thorough test as to his competency, and, therefore, so far from condemning the object of Sir John Lubbock's Bill *quoad* the legal separation of dentists from quacks, and the establishment of proper examinations, we entirely approve of these objects, and hope yet to see a measure for these purposes passed. Nevertheless, we repeat unreservedly our condemnation of the Bill as it stands.

OBITUARY.

DEATHS OF NOTE IN FRANCE.

The profession in France has, like ourselves, to deplore the loss of several eminent men from its ranks, notably of members of the Académie des Sciences. We chronicle the decease of that transcendant physiologist, Claude Bernard; we have also to record the death of Professor Becquerel, who for nearly fifty years was connected with the Academy as Professor of Physics, &c. Yet another in the person of Dr. Regnault, Professor at the College of France, the Polytechnic, and Director-General of the Imperial Factory at Sevrès. The death of his son, and the scientific loss of his apparatus, manuscripts, &c., during the Franco-Prussian war, brought on paralysis, from which he has just succumbed, at the age of 67. Names of European reputation, such as Barth, Bouvier, Caventou, Dolbeaw, Hervez de Chegoin, de Kergaradec, Demarquay, and Berthier, have also to be added to the list of the recent dead; and lastly, the brilliant lecturer and surgeon, Professor Hirtz, who, until the Franco-Prussian war, occupied the principal chair at the Faculty of Medicine, Strasbourg; on the annexation of Alsace and Lorraine, his patriotism induced him to throw in his fortunes with the French nation, and to take up his residence in Paris, where he has just died. —*Medical Press.*

DR. PEASLEE.

The distinguished ovariotomist, Dr. Edmund Randolph Peaslee, died in New York on Jan. 21st, within one day of completing his sixty-fourth year. The immediate cause of death was pneumonia.

DR. BLUNDELL.

Full of years this, eminent member of the profession, one of the most suggestive teachers of the last half century, has passed from among us. He had for many years retired from practice.

DR. STOKES.

This great teacher and physician has lately died. He had long held a high position in the profession, and in the esteem of his fellows.

IN THE LABORATORY.

THE BARK OF RHAMNUS FRANGULA.

Dr. Lamm, of Stockholm, finding double or even treble the usual dose of recently collected bark inferior to that three or four years old, obtained much better and prompter results with the latter. The inefficacy of the fresh bark may account for the disuse into which *Rhamnus Frangula* has occasionally fallen. The Norwegian Pharmacopœia requires the bark to be kept for one year before it is used medicinally. It is said that recent bark is further likely to produce vomiting and colic.

MOSLER'S TAPE-WORM BOLUS.

The following, copied from an American exchange, does not seem an agreeable dose

"Florum cusso, 30 grammes; kamalæ, 15 grammes; ext. filicis liquidum, 4 grammes; mellis, q. s. Mix and divide into sixty boluses, which may be sprinkled over with powdered cinnamon, and of which thirty should be taken in the evening, and ten or twenty more the following morning."

STAINING FLUIDS FOR MICROSCOPIC PURPOSES.

DR. M. N. MILLER gives an account (*New York Medical Record*) of the processes adopted in the Histological Laboratory of the New York University. We give a brief *résumé* of the methods described.

Dr. Miller mentions: 1. Borax Carmine; 2. Hæmatoxylin; 3. Picro-Carmine.

1. *Borax Carmine.*—Thiersh's original method of preparing this is very troublesome. Dr. Arnold's method is employed at the New York University, and is very simple. Nearly fill a pint wide-mouth bottle with water and add borax in coarse powder, until some remains undissolved. Then add carmine until some remains undissolved. Decant after 24 hours. Evaporate clear fluid to dryness and pulverise the amorphous mass obtained. It will keep for years, and when a staining fluid is required place 10 to 15 grains of it in an ounce of water and add a drachm of alcohol. This will stain tissues hardened in bichromate or alcohol.

2. *Hæmatoxylin.*—Dr. Miller's process is to take a pint bottle, fill with water, and add an ounce of common extract of logwood, in coarse powder. Allow this to remain in a warm place for 24 hours, with occasional stirring. Then add powdered commercial alum until the liquid changes to a brilliant purple. The alum must be added until no change is produced. An excess of the salt will do no harm. Decant, filter, and evaporate to dryness, as in the borax-carmine process. The powder thus obtained is added to water when required. Three grains to the ounce of water will give a fluid which will stain alcohol-hardened tissues in from 10 to 15 minutes. A solution containing 10 grains to the ounce will stain very quickly. If it is desired to keep the solution, add f ʒ i. of alcohol to each ounce.

3. *Picro-Carmine.*—Dr. Miller's process consists merely in adding one part of a saturated solution of picric acid to two parts of the 15-grain borax-carmine solution.

Sections, after having been stained in the borax-carmine, should be washed in alcohol, and transferred for a few moments to a saturated solution of oxalic acid in alcohol to fix the colour. The oxalic acid is then washed off in alcohol, when the sections are cleared up in oil of cloves, and mounted in balsam or dammar. To mount in glycerine, wash out the oxalic acid with water instead of alcohol.

Hæmatoxylin stainings are soaked in water for a few moments, transferred to alcohol, clarified in the clove oil, and mounted in Canada balsam or dammar varnish. Especial care must be taken that the vessels employed be clean, and that no acid comes in contact with the sections. If the fluid becomes muddy, or a scum forms upon the surface, filter.

Sections must remain in the picro-carmine about 24 hours. They are then washed quickly first in water and then in alcohol, after which transfer to the oil of cloves. The sections having been transferred to the slide, and the superfluous oil removed, the balsam or dammar (preferably the latter) is added, and the cover applied.

A NEW BATTERY.

THE *Boston Journal of Chemistry* says that an Italian professor has devised a new battery, based on a fact forgotten hitherto, though known to science—that of the dissolving of zinc in a solution of sulphurous acid, without the least development of hydrogen. His battery, made on this principle, is said to act excellently, and to give a very strong current. The inventor calls attention to a curious phenomenon observed in the course of his experiments. When the zinc plate is immersed, either in a solution of sulphurous acid or in one of bisulphite of potash and soda, the liquid is observed to lose colour at first, then become for a few seconds of the same colour as a solution of bichromate of potash; this colouration commences at the zinc, and is diffused through the mass, as if absolutely independent. No salts of zinc are known to give such a colour.

TEST FOR ALCOHOL.

A VERY sensitive reagent for alcohol, and one that is very simple in its mode of application, has been found by M. Jacquemart. It is a solution of nitrate of mercury obtained by treating the metal with a little nitric acid of average concentration. The action is vigorous and rapid. The mercury is brought in part to the minimum of oxidation, and if a little ammonia be added to the mixture, after the reaction, a dark precipitate is obtained, which is darker the more there is of alcohol in the product suspected. Methylic alcohols and similar liquids do not give a dark precipitate with ammonia.

NOVELTIES.

RESPIRATORY SHIELD.

R. LOCKE JOHNSON'S Respiratory Shield has just been introduced to public notice by Messrs. Howard, 1 Bow Church Yard, E.C. Its shape is -as its name implies—that of an ornamental shield, and the material of which it is composed, light and durable. When in actual use it does not distort, nor cause to look "puffy," the natural facial contour, but appears more airy, graceful, and ornamental, than otherwise. It never has any unpleasant odour, and is inexpensive.

By a very simple way the inferior portion of the shield is made to fit and rest in the fossa between the lower lip and the chin. Thence it is attached to the *under-jaw* only, so that the full play of the mouth is permitted without lessening its effectiveness, or requiring readjustment, or digital interference of the slightest kind.

From the "respirators" of our time, the respiratory shield possesses this marked difference. It is *fixed before*—but not against—the mouth or lips, so that during the all important act of respiration, there is a constant, grateful, and pleasant glow and feeling of heated air in the vicinity of both mouth and nose. At times when the atmosphere may be super-charged with solid particles—as in the case of our London fogs—we are reminded by the inventor that a little sponge or cotton wool placed upon the superior edge of the shield, will prevent to the mouth the obtrusion of solid particles—this practically illustrates Professor Huxley's theory on the point—and without material interference with the effectiveness of the shield, therefore, in all cases where the danger from exposure to the direct influence of winds by our sudden egress from heated rooms (to the raw and searching chills outside, for instance), the shield will prove a very effective desideratum. At the same time, to all persons who labour under the disagreeable affections commonly called "delicate" throats, lungs, &c—and more especially if they be partial to carriage, cab, 'bus, or out-of-door exercise—the respiratory shield is likely to be the best thing *pro loco et tempore.*

JOTTINGS FROM JOURNALS.

INJECTIONS OF CARBOLIC ACID IN HÆMORRHOIDS.—Dr. J. H. Pooley reports in (*Toledo Medical and Surgical Journal*, November, 1877), three cases in which he has injected into swollen and inflamed hæmorrhoids a strong solution of concentrated carbolic acid. About five or six drops were used, care being taken to insert the needle-point vertically, and carry it well into the centre of the tumour. The immediate effect was a shrinking, hardening, and whitening of the tissues, with a feeling of numbness, but an almost instant relief from pain. In a few days the entire mass sloughed off, and at the end of a week or ten days recovery was complete. Dr. Pooley believes that the use of the weak acid instead of the concentrated would render the occurrence of embolism more possible, and suggests that the severe spreading inflammation which has been said to follow this plan of treatment might be due to the oblique insertion of the needle and the consequent conveyance of the acid into the areolar tissue around the tumour, rather than the pile itself.

Nuclei in the Red-Corpuscles.—Boeltcher, in a paper which appeared in the *Journal of Microscopical Anatomy*, seems conclusively to have established the fact that the mammalian red blood corpuscle possesses a nucleus, together with a nucleolus. Defibrinated blood is poured into an alcoholic solution of mercuric chloride, by which the hæmatin is dissolved out, whilst the albuminous body combined with it remains undissolved. If these colourless corpuscles are now stained with carmine and examined microscopically they will be seen to consist of three parts: a bright homogeneous cortical layer, a granular protoplasm, and a clear nucleus with nucleolus. The protoplasm surrounding the nucleus is frequently found mulberry-shaped, and beset with small papillæ or drawn out into processes. If the blood corpuscles of a camel are examined in the same way the only difference will be found that the processes of the protoplasm are absent.—*Hospital Gazette.*

Worms.—A young German had all the symptoms of inguinal hernia. He repeatedly vomited round worms, and the knuckle of protruded bowel felt as if it were filled with worms. Five days later herniotomy was performed, and the hernial sac, which had an intensely bluish-red colour, was found to be distended with worms. Before the wound healed worms crawled out between its lips, patient voided more by mouth and rectum, and for six days continued to discharge them in the evacuations, after which the wound healed and the trouble disappeared.—*Wiener Med. Presse.* (*Canada Lancet.*)

Abnormal Sweating of the Hands following the Cure of Hyperhidrosis Pedum.—Dr. Hildebrant contributes to the *Deutsche Medicinische Wochenschrift* an account of two cases which seem to afford some support to the old idea of the danger of suppressing long continued excretions. Two artillery-men, who had suffered from their youth with damp feet, were treated with a mixture of salicylic acid and earth. In each of these an abundant sweating of the palms of both hands was observed immediately upon the cessation of the excretion from the feet. (The feet were dusted with 2 parts salicylic acid, 88 clay and 10 starch powder, or 4 parts acid, 86 isinglass, and 10 starch powder.)

Dilatation of the Urethra by the Urine.—In the *Bulletin de Therapeutique* of September 30, Dr. Berenger-Féraud recurs to this mode of treating stricture, which he had already advocated on former occasions. Originally devised by Brunnighausen in 1794, it fell into disuse after some successes had been obtained. Dr. Berenger-Féraud has persevered in giving it a full trial, and regards it, in suitable cases, as a valuable procedure. It consists in compression being exerted just behind the glans by the patient each time just before he passes urine, so that none issues until the canal has undergone dilatation by its presence in it. The practice is to be perseveringly repeated, and then, as numerous cases show, may prove very efficacious. From the trials that have been made it results—1. That dilatation so produced, performed after a gonorrhœa of some duration, may act as a prophylactic of stricture. 2. In stricture that has not advanced very far, if it do not restore the calibre of the urethra to its normal dimensions, it does so sufficiently to render micturition easy. 3. After urethrotomy it is a useful means, if not for preventing, at least for retarding, the return of the stricture. 4. It may prove of some service in varices of the prostate, neck of the bladder, and membranous part of the urethra. 5. Another class of cases benefited arises when the course of the urethra more or less deviates from its normal direction, in consequence of enlarged prostate in aged persons. The small quantity first ejected from the bladder, if retained a while in the urethra by compression, greatly facilitates the evacuation of the remainder.

NOTES, NEWS, AND GOSSIP.

A Good Story of Radcliffe.—In the biography of the celebrated Dr. John Radcliffe, the following incident is narrated: Among many of the artifices by which the credulous have been imposed upon, the pretensions of the urinoscopists of former days were not the least significant. A foolish woman, provided with the infallible indication of disease, came to Radcliffe, and, dropping a courtesy, told him that having heard of his great fame, she made bold to bring him a fee, by which she hoped his worship would be prevailed upon to tell her the distemper her husband lay sick of, and to prescribe the means for his relief.

"Where is he?" cries the doctor.

"Sick in bed, four miles off," replies the woman.

Taking the vessel, and casting an eye upon its contents, he inquired of the woman what trade the patient was of; and learning that he was a boot-maker, "Very well," replied the doctor; and having retired for a moment to make the requisite substitution, "Take this home with you, and if your husband will undertake to fit me with a pair of boots by its inspection, I will make no question of prescribing for his distemper by a similar examination."—*American Practitioner.*

An Insane Remedy for an Insane Patient.—For male lunatics suffering from insomnia with excitement, Binz recommends beer to be given at night in doses of one or two quarts, and drunk in the course of an hour to an hour and a half.

Large Stone.—Prof. Gross, of Philadelphia, operated recently by the lateral method, removing from a boy, aged 12 years, a stone which weighed one ounce and five-and-three-quarter drachms.

The Sussex County Hospital, and the Isle of Wight Infirmary, have each received £1,000 by the will of the late Lady Harcourt. The Cumberland Infirmary has received £2,000 and £500 under the will of the Rev. C. J. Denton and R. Carruthers, Esq., respectively.

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DEATHS.

Armstrong.—On Jan. 29, at Manorhamilton, Christopher Armstrong, M.B., L.R.C.S.I., late of the 84th Regiment, aged 34 years.

Bleeck.—On Feb. 4, at Warminster, Charles Bleeck, Surgeon, aged 72.

Booth.—On Feb. 16, at his residence, 18 Lower Sherrard Street, Dublin, Daniel Booth, L.R.C.S.I., L.R.C.P E., aged 36.

Brown.—On Feb. 14, at Dunfermline, Robert Brown, M.D., aged 67.

Brown.—On Feb. 2, at Wooler, Northumberland, Joseph Brown, L.R.C.P. Ed., aged 66.

Cameron.—On Jan. 21, at Whiteinch, Partick, Glasgow, Angus McCrae Cameron, L.F.P.S.G., aged 32.

Clarkson.—On Feb. 13, at Knowle, Josiah Clarkson, M.R.C.S.E., aged 60.

Cooper.—On Jan. 26, at Tombland, Norwich, Emanuel Cooper, L.S.A.L., aged 75.

Edlin.—On Jan. 21, at Levenshulme, Manchester, Ebenezer William Edlin, L.F.P.S.G., aged 47.

Fry.—On Jan. 29, at Maidstone, Frederick Fry, F.R.C.S.E., aged 68.

Graham.—On Feb. 7, at Belfast, Charles Graham, late House Surgeon Convalescent Hospital.

Jones.—On Feb. 4, at Blackfriars Road, Frederick Charles Jones, M.D., aged 61.

Ingham.—On Feb. 14, at Bath, Dr. Charles Thomas Ingham.

McCarthy.—On Feb. 7, at Clonmel, Anastatia Teresa, the beloved wife of Charles William McCarthy, M D.

Norris-Cane.—On Feb. 8, at Carlow, of diphtheria, Mary Joseph Anne (Nandy), eldest daughter of Dr. J. B. Norris-Cane, of Mullinavatt, aged 7 years. (Job. i., 21).

Paine.—On Jan. 27, at Crockherbtown, Cardiff, Francis Trevor, the beloved son of Henry James Paine, M.D., aged 25.

Patrick.—On Feb. 10, at Carron Park, Larbert, David Patrick, M.D., aged 77.

Pelly.—On Jan. 30, at Eyrecourt, co. Galway, James Pelly, L.R.C.S.I.

Porter.—On Feb. 8, at Peterborough, William George Porter, Surgeon, aged 57.

Potts.—On Feb. 20, at 14 Woburn Square, London, Selena, widow of T. B. Potts, M.D., L.R.C.S., of Cranbourn, Dorset, aged 62.

Ryan.—On Feb. 8, at New Pallas, co. Tipperary, John Ryan, M.R.C.S., aged 57.

Tayler.—On Feb. 2, at Trowbridge, Christopher Tayler, M.R.C.S.E., aged 62.

Thwaites.—On Feb. 4, at Bishop-Auckland, Thomas Bowe Thwaites, M.R.C.S.E., aged 58.

Wickham.—On Feb. 5, at Clapton, Edgar Wickham, M.R.C.S.E.

Wilson.—On Jan. 29, at Stretford Road, Manchester, Alexander Wilson, M.D., aged 57

THE DOCTOR.

LONDON, APRIL 1, 1878.

Multum in parvo.

A PERMISSIVE MEDICAL BILL.

Her Majesty's Government, relieved for a time of their anxieties in the East, and apparently in search of something to do, have turned their attention to the perennial subject of medical reform, and the President of Her Majesty's Privy Council, the Duke of Richmond and Gordon, has brought into the House of Lords a bill containing thirty-four clauses, to amend the Medical Acts, the general gist of which is fairly described by the word permissive; for nearly everything proposed is to be permitted, not enforced. To be sure, a double qualification is to be required for registration; but as a make-weight to this display of governmental energy, each of the medical authorities is to be permitted to constitute a new medical diploma to be granted to persons who have obtained a qualifying certificate, thus offering a new chance to the nineteen licensing bodies to open a Dutch auction for the sale of new-fangled diplomas and a glorious opportunity for half-qualified men to purchase additional certificates. This will eclipse the celebrated years of (*dis*)-grace, and if this clause be permitted to pass, it is possible that parchments from British corporations may become so cheap, that agents for their importation from Germany and America may find their occupation gone. The bill permits the registration of foreign and colonial practitioners, permits conjoint boards, but does not enforce them, because, said the Duke of Richmond, "there is a difficulty in Scotland." Moreover, it permits the General Medical Council, "*if they think fit*," to prepare a scheme for the registration of dentists and midwives. Perhaps with a little pressure a clause might be added permitting the Medical Council to register monthly nurses. Further, it permits schemes for amending previous schemes. It also gives power to any medical authority to grant its diploma to both sexes, provided that this power is not to be considered compulsory, and if exercised on behalf of any woman, such diploma is to give her no right to share in the management of the corporation, and a clause is offered to relieve conjoint boards from some of the consequences attaching to the admission of women. It is not improbable that this question will prove the finishing stroke to the conjoint scheme for England. And the bill does not propose to enforce the carrying out of any conjoint scheme at all. In this respect it is no advance on the Medical Act of 1858, which expressly permitted such schemes, under the authority of which the universities and colleges of England were expected by young and hopeful reformers to complete in this very year, the twentieth after the Act, a conjoint scheme for this kingdom, while Ireland and Scotland are as far as ever from any agreement.

What, then, can be the use of another permissive bill to authorise corporations to do that which they might have done any time these twenty years past? Here we have a strong Government, with an enormous majority at its back, suddenly determining to set the profession to rights, and after sundry whispers as to a strong measure in store, just as medical reformers were deluded into the belief that compulsion was about to be tried, the heavy gun of the Cabinet is fired in the presence of the assembled peers, and produces nothing more exciting than an irreverent giggle on the bench of bishops as the Duke of Richmond intimates that they are no longer to be troubled by a function long since obsolete, and that everything else is permissive except—inevitable woman, who is to be allowed to have her wilful way—

"If she will—she will"—

There is compulsion for you medical reformers. For the rest you will find permission to your nineteen corporations to—perpetuate their abuses. Truly such an Act will be a monument to the power of imperial legislation, and the tremendous energy of Conservative Governments—*Parturiunt montes,—nascitur ridiculus mus.*

And what of the General Medical Council during the period of gestation of the Duke of Richmond's little bill? Determined to be in at the birth, the Council has fixed a meeting for the 10th of April. The first stage of the parturition was completed with the first reading of the bill on the 10th of March; the second stage, the second reading, is expected to come off on the 15th inst. This will give the members of the Council time for a long talk, but scarcely for exercising much influence on the progress of the case.

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CHRONICLE.

SCROFULOUS ENLARGEMENT OF THE GLANDS OF THE NECK.

In a clinical lecture by Dr. Bartholow, reported in the *Clinic* of March 2nd, after giving constitutional treatment, local is also advised. The best method, he says, is either the injection into the hypertrophied gland of a few drops of iodine or alcohol every few days, or the rubbing in of some drug which we know by experience has the effect desired. If you decide to use the parenchymatous injection of iodine or alcohol, the hypodermic syringe should be charged with 5 to 10 minims of the remedy to be used, the needle thrust deeply into the gland, and the fluid slowly discharged. The needle is then withdrawn, and the finger pressed for a moment over the seat of puncture in order that the fluid injected may not escape. The first effect of the injection is to cause an inflammation, but after a few days the size of the tumour will be found sensibly decreased. The injection may be repeated when the effects of the first trial have disappeared. If for any cause you cannot, or do not care to use the injection, much good can be done by the application of the ointment of the red iodide of mercury. A small quantity of the ointment should be rubbed in over the tumour every day in the sunlight, or near a fire, so that it can be well absorbed. It will be noticed, especially if the skin is tender, that the application causes more or less redness and irritation. Should that be the case, it is well to stop the inunctions for a day or two until the inflammation subsides.

When abscess has formed, the pus must be evacuated, and the only question is as to the best way of doing it. If we leave the case to itself, the abscess will burst, and that at no very distant day, and the result will be a large unsightly scar, which will disfigure the child for life. That must, of course, be avoided if possible. If we make a free incision the result will be the same, though not in such a great degree. The method is to withdraw the contents of the abscess by aspiration, and then to inject a drachm or so of tincture of iodine, in order to destroy the so-called pyogenic membrane with which the walls are lined. The iodine also sets up an adhesive inflammation, the walls of the abscess are glued together, and the cavity obliterated. By this method you do not leave that puckered, conspicuous scar which is such a common sight in our streets.

THE BROMIDES IN EPILEPSY.

Professor E. C. Seguin, M.D., in the *Journal of Nervous and Mental Diseases*, sums up his views on the use of the bromides in epilepsy and other neuroses in the following words:

1. In view of what we know of the physiological and toxic effects of the bromides, and in accordance with either of the two generally received hypotheses of their *modus operandi*, anæmia and debility, or congenital feebleness, contra-indicate prolonged use of the bromides.

2. The bromides are, on the contrary, well borne by persons of fairly full habit and good nervous power.

3. The bromides are indicated in cases of abnormally great irritability of the nervous system, in its motor (muscular and vaso-motor) and ideational tracts.

4. Epilepsy is so serious a disease, one which, if not interrupted, kills the patient or reduces him to dementia, that we are justified in using unusual and heroic measures in its treatment. Hence, the contra-indications named above are to be much less regarded in the management of this formidable neurosis.

5. As a corollary to the last proposition, I may state that I consider epilepsy to be the only disease for the cure of which we are justified in deliberately producing a degree of bromism.

HYSTERIA IN MALE.

Dr. Bolles has reported the following case to the *Boston Society for Medical Observation.* A young man was suddenly attacked with almost complete (hysterical) coma, and was found in that condition in bed one morning, occasionally sobbing, but not responding to any questions, nor to pricking, pinching, or touching the conjunctiva. Pulse varied from 100 to 120; temperature 100½°. There was free perspiration. He passed urine of a light colour in large quantities. He improved a little upon the next day, but subsequently relapsed, and remained so for four days. The attack was brought on by some "amatory misunderstanding," and subsided immediately upon reconciliation taking place, leaving a condition of exhaustion for several weeks.

ANEURISM OF THE CRURAL ARTERY.

A syphilitic patient complaining of a painful swelling in the left inguinal region which was supposed to be an abscess, but Professor Neumann on careful examination found the glands intact, the skin covering the tumour movable, and the latter pulsated. The stethoscope revealed a distinct bruit. From this, and the cessation of the pulsation upon pressure above the tumour, an aneurism of the crural artery was diagnosed, which might readily have led to a sad error.

WARM BATHS IN TRAUMATIC TETANUS.

Dr. Zechmeister (*Allg. Wiener Med. Zeitung*) gives an account of ten cases of traumatic tetanus; six of which, several being very dangerous ones, recovered. The patients were kept for several (3, 5 and in one case 11) hours in a warm bath, repeated after a short interval (1-2 hours). Dr. Gottlieb Kraus has previously reported cases thus treated in 1869.

EXTIRPATION OF THE THYROID GLAND.

Professor J. F. Miner (*Buffalo Medical Journal*) has successfully extirpated an enlarged thyroid body. After the first incision, the detachment was effected mainly with the handle of the scalpel. There was but slight hæmorrhage, and the wound healed readily. The tumour weighed between six and seven ounces. Several cases of extirpation are recorded in former volumes of The Doctor.

VELOCITIES OF NERVE FORCE AND ELECTRICITY.

Dr. John J. Caldwell, writing in the Baltimore *Journal of Dental Science*, thus tabulates the velocities of certain agents:

Nerve velocity is - - -	60	yards	per second.
Sound velocity is - - -	332	,,	,,
Cannon-ball velocity is -	550	,,	,,
Light velocity is - - -	300,000,000	,,	,,
Electricity velocity is - -	450,000,000	,,	,,

He draws from the extreme velocity of electricity an argument in favour of its therapeutic application for the purpose of augmenting or restoring diminished nerve force.

SALICYLATES IN RHEUMATIC PERICARDITIS.

In the January number of the *Medical News and Library*, is reported a severe case of acute rheumatism, complicated by pericarditis and broncho-pneumonia, relieved at once, when the patient was apparently dying, by salicylate of soda, after failure of a fair trial of the alkaline treatment. This result is not at all in accord with former observations on the subject, which seem to show that the salicylates have no influence over the cardiac complications of rheumatism.

CALABAR-BEAN.

Some physicians recommend it in the dyspnœa of emphysema, its success in which is explained by Binz, by its improving the atonic condition of the muscular tissue in the walls of the bronchi. It is said to act well in attacks of mania accompanied by cerebral hyperæmia.

EFFECT OF STRYCHNIA ON VISION AND LACTATION.

Strychnia, says Binz, improves the acuteness of the healthy eye, and somewhat increases its area of vision for blue and red, but not for white. It has been lately shown that strychnia, by increasing the arterial pressure, increases the secretion of the mammary gland in some cases as much as fifteen fold.

VARNISHING THE BODY.

Prof. Senator (*Virchow's Archiv*, B. lxx.) thoroughly plastered and varnished the legs and trunks of two healthy men. The impermeable dressing was worn for one week, with no fall of temperature, no exhaustion, albuminuria, dyspnœa, convulsions, or paralysis, which evil consequences are invariably seen in animals. Senator concludes that the historic gilded boy was probably poisoned by some ingredient in the material applied to his skin.

THE EARLY DIAGNOSIS OF LEUKÆMIA.

Dr. Joseph G. Richardson proposes (*N. Y. Med. Record*, March 2), a new method of detecting leukæmia in its early stages, and for enumerating the white blood corpuscles generally. His method consists briefly in spreading out a drop of fresh blood in a thin layer on a glass slide, letting it dry, and then counting the number of white corpuscles. The specimens when thus prepared can be kept dry for any length of time, if preserved from dust and moisture, and by comparing specimens of different person's blood, prepared similarly, the variations in the number of white corpuscles can be readily observed. For exact determinations, it is, of course, first necessary to count the red discs by Malassez's method, because even supposing that in any two films of blood the corpuscles are spread out equally, it is evident that if any diminution in the number of red discs occur, it will cause an apparent increase in the number of white globules. For accurate enumeration, therefore, it is first necessary to count the *absolute* number of red discs in a given volume (say a cubic millimetre) of blood by Malassez's method, and then employ Dr. Richardson's method to ascertain the relative number of white and red ones, by counting the number of each seen in a known area of dried blood. For this determination, a stage micrometer, and micrometer eyepiece will be found convenient. A magnifying power of 200 diameters suffices. For details we must refer our readers to Dr. Richardson's original paper, but we believe the above short account will be a sufficient guide to those who desire to make use of his plan.

NOTES ON SALICYLIC ACID.

Dr. Watelet communicates a paper to the *Bull. de Therap.* on this subject: "Accidents following the Administration of Salicylic Acid." The details are given of two cases of rheumatism treated by salicylate of soda, one of which was followed by gangrene of the lower extremities, and both by cystitis, obstinate constipation and coldness of the extremities. In the same journal M. Byasson writes upon "The Action of Salicylic Acid on the Urine." Salicylate of soda, he says, appears in the urine 25 minutes after it has been taken into the stomach, as can be proved by the perchloride of iron test. A dose of 3 grammes is eliminated in between 36 and 40 hours. In its passage through, a portion is eliminated unchanged, the remainder is transformed into salicine, salicyluric acid, and probably oxalic acid. The first urine passed several hours after taking 2 or 3 grammes of salicylate of soda deviates the plane of polarisation to the left; this deviation is due to salicine. Salicylate of soda augments the proportion of the azotised substances and uric acid in the urine.

R. Otto says, in the St. Petersburgh *Med. Wochen.*, that, conceiving croup to be due to the presence of parasitic vegetations, he employed inhalation of solution of salicylic acid in the epidemic of that disease which invaded Lesetzt, in Livonia, in August, 1876. The treatment was applied in seven cases, and was commenced immediately on the appearance of the convulsive stage. In all cases the number of paroxysms was rapidly diminished, and the best results were observed in those children who were placed in rooms of which the temperature was kept equable. The author does not venture to assert, upon so few cases, that salicylic acid is an agent of great efficacy in croup, but he desires that this sort of medication should be tried on a large scale.

TREATMENT OF METRORRHAGIA BY HYPODERMIC INJECTIONS OF ERGOTINE.

M. C. Paul, in the *Bull. de Therap.*, gives the details of 14 cases in which the uterine hæmorrhage was arrested in from 5 to 16 minutes, by the following solution:—

Ergotine, 2 grammes;
Water;
Glycerin, āā, 15 grammes;

of which from 1 to 2 grammes were injected. M. Paul concludes that the hypodermic injection of ergotine is the most rapid and the most efficacious means that we have at our disposal in the treatment of metrorrhagia.

TOPICS OF THE TIME.

IODOFORM.

This beautiful-looking drug is asserting its claims to be considered a more valuable therapeutical agent than some seem to suppose. Thus several articles have lately appeared calling attention to it. They were evoked by one from Mr. Berkeley Hill, who commended it (*British Med. Journ.*) as useful both externally and internally in the treatment of syphilis. Dr. Wyndham Cottle, Dr. Prosser James, Dr. Woakes, and Mr. L. Brown, followed suit, and added other cases in which the drug proved useful. Dr. Bryce and others about the same date wrote on iodoform in America.

We shall avail ourselves of these communications as well as other sources, and our own experience in laying before the readers of the Doctor some account of the uses of iodoform.

The yellow but strong-smelling crystals of iodoform are soluble in ether, and, as our readers were long ago informed, the solution in that fluid leaves much less odour behind than any other way of employing it. Oils fixed and volatile, are not pleasant or useful solvents. Chloroform is suitable for many purposes. Some give a mixture, and use a mucilage to suspend it. Bartholow thinks this will do, but the result is nauseous. Mr. Berkeley Hill and Dr. Prosser James both give pills, the best way of taking it internally. The former gives a grain-and-a-half, the latter one grain, in each pill, which we should think enough in ordinary cases. Externally it may be dusted over sloughing or ill-conditioned wounds, chancroids, irritable ulcer, rodent ulcer, phagedæna, and syphilitic ulcers. Fissure of the anus, hæmorrhoids, and hypertrophy of the prostate, are said to have been relieved by suppositories. It is an anodyne, too, and relieves the pain of cancer, while at the same time it seems to partially disinfect the discharge. It is in syhphilis it has been most used. It was discovered about the year 1824 by Serullas, and its properties have long been known to chemists. It is readily obtained by adding an alcoholic solution of potash to tincture of iodine, and crystallises as a yellow lustrous coarse-grained powder of a peculiar pungent penetrating odour. It stands in the same relation to its analogues, chloroform and bromoform, as hydriodic acid does to hydrochloric and hydrobromic. It may be regarded as chloroform ($C\,H\,Cl^3$), in which the three atoms of chlorine are replaced by three of iodine ($C\,H\,I^3$). It also forms substitution compounds with chlorine and bromine. It is sparingly soluble in water and glycerine, less sparingly so in alcohol and warm oil, but readily soluble in ether, and to a still greater degree in chloroform.

Solutions of iodoform in alcohol and ether soon turn of a dark iodine tint; perhaps some substitution product or decomposition takes plase. Chloroform seems a better solvent. Iodoform can readily, by trituration, be made into an ointment with either lard or vaseline. Its odour is only partially disguised by the addition of essential oils. As a powder, it can be employed alone or diluted with Fuller's earth, magnesia, or tannin; the last mentioned body is said to, in some measure, remove its powerful and disagreeable odour.

Mr. Berkeley Hill has used iodoform as a dry powder, brushed lightly over the surface with a moistened camel-hair pencil, for three years. During the last few months he has often substituted for the dry powder an ethereal solution (one part of iodoform in six or eight of ether), formerly recommended by us. The sore is touched or dabbed with a pencil dipped in the ethereal solution, according to its size and depth, lightly or copiously. The ether quickly evaporates, leaving a thin pellicle of iodoform, that as effectually stays the spread, and produces healing of chancres, as does the more copiously applied dry powder. Thus the surface is covered more exactly, and the disagreeable smell of the iodoform is too faint to attract attention. The sore is well washed with water and dried before the iodoform is applied, and the surface is lastly protected by a bit of dry lint. When the secretion is abundant, the dressing must be renewed twice daily, but in three or four days the amount of discharge becomes so scant that one dressing *per diem* suffices. In this way Mr. Hill finds venereal sores heal quickly. Pain subsides at once; the sore is well in a week or ten days, and the chances of consecutive inoculation or bubo are greatly lessened. In a very few cases, the application of iodoform gives momentary smarting, which is very bearable; even the ethereal solution does not hurt, and usually the patient declares the application to be quite painless.

Lately he has given iodoform internally in one-and-a-half grain doses as a pill with extract of gentian. Three pills are given each day, increasing gradually till eight or ten pills are taken in twenty-four hours. He reports excellent effect in cases of obstinate syphilitic ulceration of the tongue, where the dorsum is covered with rugged thickened epithelium, which is constantly splitting into deep fissures, and thus causing continual severe pain to the patient. This affection is often quite insensible to mercury, alkaline iodides, or arsenic—the remedies usually beneficial. In three of these obstinate cases, where the patients had been treated at intervals for years with little lasting benefit, iodoform pills acted like a charm. Pain, immediately lessened, in two or three days ceased wholly; and the fissures healed rapidly, while the tongue soon shrank to its natural size.

In December last, in University College Hospital, he gave the pills to a patient with ulcerated and protruding gumma of the left testis, non-ulcerating gumma of the right testis, and ulcerating gummata of the skin over the upper end of the right tibia, with other syphilitic affections. Rapid healing and subsidence of the swellings took place, notwithstanding that when the dose of eight pills *per diem* had been reached and administered for three days, an outbreak of pyrexia, coryza, and iodic acne, rendered it necessary to drop the drug completely for a short time. In three weeks the patient left the hospital almost healed, and continued his treatment as an out-patient. Agonising pain in the head, caused by syphilitic pericranial and cranial disease, for which a customary dose was thirty grains of sodium iodide three times daily, was at once relieved of pain by the iodoform pill taken three times daily, though, on the third day, nausea became too urgent to allow the iodoform to be continued in that quantity.

Dr. Cottle says that twenty cases of venereal sores classed "primary syphilis," which occurred in practice in their chance sequence, and without any effort at selection, treated by the ordinary local methods, with or without internal remedies, were, on an average, rather more than twice as long under treatment before the sores were completely healed, as the same number of other cases, taken in a similar way and under precisely similar conditions, in which the only remedial measure was the topical application of iodoform. Buboes that are most tedious and indolent, having deep and extensive sinuses and fissures that show little or no inclination to heal, almost invariably rapidly granulate, contract, and cicatrise, on the application of iodoform; and the same obtains in the the forms of syphilitic ulceration. A man about twenty-eight years of age, with serpiginous ulceration of syphilitic origin, which, first breaking out in the groin, had extended over the lower part of the abdomen and upper part of the thigh, and was for over a year under treatment, with every likely remedy, including change to the seaside. In this case nothing seemed to check the morbid process or to set up healthy action, till iodoform was called into requisition. As an injection in gonorrhœa, it set up so much inflammation that its use was abandoned. Ulcers that have remained open for years, and on the treatment of which much care and skill have been expended, often close in a few weeks under its influence; but the same caution must be repeated as in the case of venereal sores. It will only irritate the actively inflamed wound. It is the indolent ulcer, from whatever cause it may arise, whether from varicose veins, malnutrition, syphilis, or injury, that is especially benefited by iodoform. Repeatedly, under its use, Dr. Cottle has seen a surface, glazed or œdematous, rapidly take on healthy action, granulate, and heal, and this where other measures have been tried for months, or even longer, without effect. Often, too, the pain that so frequently accompanies these ulcerative processes, ceases after iodoform has been applied for a few hours. He also uses it as a parasiticide in many cases of ringworm of the scalp of long duration, and which had been before the subjects of much and careful treatment, he ordered an ointment. In several of these speedy improvement ensued, spores being no longer to be found, and the parts returning to a state of health; but in some instances parents objected to the remedy, on account of its powerful odour. Chloasma quickly yields to this agent; but again, its odour is an insuperable objection to its employment in the treatment of this disease.

If used as a powder, he thinks it should be dusted on the ulcerated surface, and a piece of dry lint, or lint soaked in a weak solution of carbolic acid, laid over it, and this process repeated night and morning. Undiluted, it is apt to produce irritation and pain, and therefore he mixes with it equal parts of either fuller's earth or tannin. As a parasiticide, an ointment with about twenty grains to an ounce of lard, applied twice daily. Such an ointment spread on lint is a convenient mode of application to a wound or ulcer, and its employment in this form prevents the risk of dropping this disagreeably smelling drug on the patient's clothes, &c. If an ointment of the strength named cause inflammation or pain, it may be diluted.

Dr. Prosser James reports, in the same journal, that he has for a long time employed iodoform in ulcerations of the throat, whether syphilitic or not. When it was first introduced into practice he applied the crystals to such ulcers in the same way as Mr. Berkeley Hill has used them in primary affections. Finding that, in this form, too much irritation was often produced on the spot where the hard scaly crystals rested, he recommended the drug to be finely powdered, and in this form he says it may be either applied with a pencil or on bits of cotton wool. Then came the recommendation to dissolve in ether, which is, in many cases, an excellent plan; but in others the fine powder will be found preferable.

In specific ulceration of the soft palate, pharynx, tonsils, or nasal passages, Dr. Prosser James says iodoform will often be most efficacious. In those indolent cases which have been believed by able observers to be scrofulous ulceration, but which some of their critics still think due to syphilis, he finds iodoform will sometimes bring about a favourable change when the failure of other means has been most discouraging. As it is equally useful in unquestioned scrofulous conditions, the amendment cannot be used as a diagnostic aid. In ulceration which can only be detected by rhinoscopic examination he applies the iodoform by the assistance of the mirror, and in this way cures some of the most obstinate cases of ozæna and other troubles. Some other methods of applying this drug locally will, he says, suggest themselves, and have been for several years taught in his lectures. He also supports Mr. Berkeley Hill with regard to the use of iodoform internally, but has not often given it in such full doses; but this is, perhaps, due to the difference in the cases in which he prescribes it. He has very seldom seen it produce much coryza, and has not yet come across iodic acne thus excited. He says: "My most usual pill contains one grain of iodoform made up with extract of taraxacum or sarsaparilla."

The following significant caution is added by Dr. Prossor James—"It should be remembered that, in using any drug in the fauces and nares, a large portion is carried to the stomach, on which account, when applying it freely in these situations, I have not thought it necessary to give pills at the same time."

Iodoformed Wool.—Dr. Woakes thinks it is more especially in diseases of the nose and post-nasal region that the curative influence of iodoform requires to be more extensively known. In cases of rhinitis, ozæna, post-nasal catarrh, and hyperplastic deposits, whether simple or syphilitic, iodoform exercises quite a specific influence. As regards the best method of using it topically in these sensitive regions, the objection to the ethereal solution is its extreme painfulness. This defect—a very serious one in the case of delicate females—is due entirely to the solvent employed, iodoform itself having a distinctly anodyne influence on the tissues to which it is applied. Allowing the ether to evaporate somewhat from the sponge or brush employed modifies this unpleasant effect; but even then patients shrink from its application with expressions of the greatest dismay. He therefore sought for some vehicle for iodoform which, while free from the objections due to the ether, will enable the drug to be maintained in contact with the tissues to be influenced by it. Finely carded cotton wool appears to supply this requirement; an "iodoformed wool has been prepared for me by Messrs. Bullock and Co., which has yielded very satisfactory results in practice. Each drachm of the wool contains a drachm of iodoform, with which it is very intimately blended. For use, it is simply necessary to pass on a probe a small portion of the wool to that part of the nasal cavity which may be deemed necessary. Here it will remain for a period varying from one to twenty-four hours, its presence being unrecognised by the patient. A noteworthy fact about iodoform is, that, unlike most of the substitution-products of the same series, it retains the therapeutic peculiarities of the introduced element, iodine, while acquiring somewhat of the pain-allaying influence of its new associates. This circumstance opens up a wide field for its application as a remedy.

Mr. Brown applies iodoform in two ways; first, as an ethereal solution (one part of iodoform to ten or twelve of common ether), with a brush or on a piece of sponge or cotton wool in a suitable holder. The application should be made first to the throat, passing the brush up behind the uvula, and then very thoroughly by another instrument up each nostril. This procedure may, if the mucus be inspissated, be preceded by use of the posterior nasal douche. He says the only pain is that due to the discomfort of introduction of a foreign body into sensitive passages and to the evaporation of ether. The second method of using iodoform to these parts is one which may be pursued by the patient—namely, mixed with vaseline and applied with a small brush far up each nostril. This can be done night and morning, or on the alternate days of the stronger application. Five to eight grains of iodoform, with sufficient ether to dissolve it, to one ounce of vaseline is a suitable strength. For the valuable suggestion to use this remedy Mr. Brown says he is indebted to Dr. R. C. Brandeis, of Louisville (at present in this country), who was first led to employ it from observation of its good effects in catarrhal affections of a somewhat analogous nature in the vagina and uterus.

We have found the etherial solution give more pain than is here represented, for which reason, in sensitive situations, we long ago abandoned it in favour of other modes of application; but in less sensitive parts it is, as reported in this and other journals, an excellent method of using it.

Dr. C. A. Bryce, in the *Louisville Medical News*, recommends iodoform in intractable chancres whose tendency *ab initio* is to destructive ulceration, when the most powerful caustics seem to exert no influence in checking it.

He gives three cases. In one, E. C. had two buboes and phymosis to such an extent that no portion of the glans penis could be seen. Operated and found a chancre on the right side of the frænum (on the glans) extending almost to the edge of the meatus. General treatment and used nitrate of silver to the chancroid. It continued to spread until it was feared the man would lose the entire head of the penis. Iodo form was dusted thickly on the deep ulcer. The next day re-applied the dressing of iodoform, and in the next twenty-four hours the whole surface was covered with healthy granulations.

W. W., coloured, had that peculiar chancre occasionally seen in the negro, the large multiple chancre, about over the body of the penis, perfectly circular, with a very indurated base, and varying in size from a silver half-dime to a quarter. He had four or five of these chancres; one was on the glans penis. All were indolent, and after a time commenced to spread and deepen. The chancres on the body of the penis had caused the destruction of the integument and subcutaneous cellular tissue, and gave out a most offensive odour. They were filled twice a day with iodoform. The change was wonderful. It stopped the phagedæna at once, and in a few days the chancres were healthy granulating sores, bleeding readily on the removal of the lint, or from any rough usage.

J. M. got a chancre on the cervix penis, about half-way between the median line and the frænum. This chancre had eaten its way through into the urethra, and so great was the fistula that none of the urine came by the natural channel, but was voided through this fistulous opening. A kind of urethral trocar was made for him by cutting off the end of a flexible catheter and running a bougie through it. This could be readily passed along the urethra beyond the fistulous opening, when the bougie was withdrawn, and he was directed to urinate. By using a stout piece of gum elastic to press the walls of the urethra close against the catheter, every drop of urine was passed through the catheter, and the fistula escaped all trouble from that source. Still it showed no tendency to heal, and continued to enlarge. Iodoform was used very freely on the surface of the ulcer, and in a week the fistula had filled up by granulation.

Dr. Bryce adds that iodoform is the only agent that has *never disappointed* him in such cases.

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HORSE-FLESH AS FOOD.

As a depot is about to be opened for the sale of horse-flesh in London, it may be well to state some of the points claimed by the advocates of this food. 1st. The nutritive value of the flesh of these animals is said to depend upon the nature of the food they consume; and as horses, as well as mules and asses, live upon corn, hay and straw, they ought, other things being equal, to furnish better food than oxen, which are often fed upon articles of inferior nutritive value. 2nd. The horse, like the other herbivora, should produce a flesh specially suited for human digestion. It would be extraordinary, and quite contrary to what might be expected, if horse-flesh were not wholesome and nutritious. Veal and poultry are white and tender, but not highly nutritive; beef and horse-flesh are red and more firm; it is therefore thought they should be more nutritious. 3rd. The horse is most of all a useful working animal, so that he could not be profitably handed over to the butcher while capable of rendering more important services. But then in all our large cities there are numerous horses which have met with accidents, or are lame, as well as others which are so unmanageable as to be dangerous to use. These, it is argued, should be utilised for food. Of course, the flesh of diseased horses must be absolutely forbidden to be sold, just as we forbid the sale of other diseased meat. Sheep and oxen are quite as likely to be diseased as horses, the flesh of which is not liable to contain the germs of taenia. Besides all this, progressive spirits, as well as those who are overburdened with the weight of the butcher's bill, are exhorted to take courage from the example of Germany, Austria, and France, where horse-flesh is largely consumed. In the last-named country the consumption of horse-beef has greatly increased. In Paris, the first shop for the exclusive sale of horse-meat was opened in 1866. To-day, there are in that city no less than sixty-one such establishments, which during the past year have sold for food the flesh of 10,000 horses, 558 asses, and 53 mules; it remains to be seen whether London will follow the example. Of course no one would like to live upon horse-flesh alone, any more than upon cold mutton. *Toujours perdrix* is not a fascinating diet. But the question is whether the flesh of horses may not form a wholesome, nutritious, and perhaps palatable change in the diet of many people, even if it cannot excite the admiration so freely bestowed on "the roast beef of Old England."

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THE LOCALISATION OF CEREBRAL DISEASE. (a)

The question to be discussed, was that of whether there was a localisation of function in the different parts of the brain, and whether, therefore, the symptoms of a lesion would vary with its locality? That, as yet, there was no general agreement on the subjects, except as to a few propositions, some of which were even now contested. Our knowledge of the nervous system was behind that of other organs. There are several reasons for this, two of which are: (1), our knowledge of the morbid anatomy of the nervous system is far from being coextensive with that of its pathology; and (2) from the delicate organisation of the brain, there is a natural and continual tendency to believe that interference at any one point must tend to general functional disturbance. We can, therefore, only speculate on the intimate molecular changes which lie at the root of neuralgia, epilepsy, convulsions, &c. It was not always clear, by the inductive method of agreement, as to whether the connection was that of causation or co-existence, and it is liable to be frustrated by a plurality of causes. Organic alterations cannot always be demonstrated in an organ functionally disordered. That certain symptoms can only be causally associated with a certain lesion, unless they occur together more frequently than chance can account for. Diseases of the brain must be looked at from physiological as well as psychological aspects. Disease which produces change in the intellect, may not be accompanied by motional and sensory changes, and disease affecting motion and sensation may not affect the intellect. Beyond the great fact that the brain is the organ which is directly or indirectly diseased in insanity we are yet in the most profound state of ignorance regarding the intimate pathology of the condition. *Post-mortem* examination of the brains of the insane reveals various morbid conditions, but with the exception, perhaps of general paralysis of the insane, we have yet to find out whether there are any morbid appearances specially characteristic of special forms of mental derangement; or whether there is a definite relation between the locality of a lesion, and the symptoms observed. We cannot even be sure that the changes discoverable are the cause or the result of the disease. Until the morbid changes discoverable in the brains of the insane are translatable into their subjective significations, we cannot have a concrete or incorporate mental pathology, as distinct from mere speculation. From the fact that large portions of the brain cortex may be disorganised without causing very evident mental disturbance, and from the further fact that any one portion of the brain may be destroyed with a like negative result, the conclusion has been drawn that there is no localisation or differentiation of function, but that such part of the encephalon is a micro-encephalon capable of itself of performing all the functions appertaining to the whole. Inasmuch as a whole hemisphere may be destroyed without manifest impairment of the fundamental powers of mind, the conclusion is obvious that one hemisphere is sufficient; but there is no evidence that the same parts in both hemispheres may be destroyed without mental symptoms. It may be functional even if a unilateral lesion can occur without mental consequences if the observations made were sufficiently minute and exact, and if we had a means of accurately gauging the mental condition. The assumption that observations made on the lower vertebrates may be applied to man without qualification has done much to propagate errors and discredit that which is, after all, the sheet anchor of accurate biological and therapeutical research. The facts of clinical medicine are not sufficiently taken into account by some physiologists, and the frog-and-pigeon physiology has done much harm. It has been asserted by a distinguished authority that the theory of cross-paralysis which has been taught since the days of Aretæus is neither an absolute rule nor an approximative generalisation. So far as we know, it is true, with the exception of some 200 cases which have been collecting since all antiquity. It is not occurring now. The great preponderance of evidence is in favour of the view of cross-paralysis. It is within the region of possibility that it may not exist in some cases, just as the viscera are sometimes transposed. It would seem that the pyramidal strands are developed subsequently to the hemispheres, and that they form the path of *voluntary* motor impulse and of secondary degenerative changes in consequence of lesions of the motor part of the brain. The localisation of functions of the brain of modern time is essentially a new growth. Hughlings-Jackson was the first to indicate the motor functions of certain convolutions, irritation of which was the cause of unilateral convulsions. The late Dr. Bright had arrived at a conclusion that unilateral convulsions, where consciousness is retained, are due to a lesion in the opposite hemisphere, and in this he was followed by Dr. S. Wilks. Hughlings-Jackson observed that convulsions were not due to transmitted influences, bnt to discharges. In the motor regions the grey matter is the essential part, as proved by the experiments of Fritsch and Hitzig. It has been asserted that it is impossible to localise the irritation, but this is not so. The recent researches of MM. Frank and Piètres have shown that the theory of physical conduction to subjacent ganglia, is altogether untenable. The grey matter reinforces excitations. With respect to the conclusions drawn from extirpation of the cortex, there is a want of unanimity among physiologists. This is owing to the fact that the results of experiments in different orders of animals are not strictly comparable with each other, or directly applicable to man. After the removal of a portion of the cortex, all movements below the purely voluntary, are more or less intact, as being more or less independently organised in the lower centres. The only essential effect of cortical lesions is paralysis of truly voluntary motion, or motion involving conscious discrimination. Thence though a dog's paw may not be paralysed as an organ of locomotion, it is permanently paralysed for all purposes for which it is used as a hand. As physiological experiments demand strict topographical accuracy, it is essential the same be observed in the case of disease in man. From deficiency in this respect most of the older records of cerebral disease are valueless. Physiological experiment at present is far ahead of pathological knowledge, and but for experimental physiology pathology would not have succeeded in establishing much beyond general indications.

(a) An Abstract of the Gulstonian Lectures delivered before the Royal College of Physicians of London by David Ferrier, M.D., F.R.S.

Lesions of the frontal lobe are not accompanied by motional or sensorial disturbances in monkeys. Many clinical cases are on record of both sudden and slowly progressing disease of the perforated lobes without paralysis of either sensation or motion. The lecturer then gave details of the famous American crowbar case, where a crowbar an inch-and-a-quarter in diameter, and three feet and seven inches in length, and weighing thirteen and a quarter pounds, was driven under the zygomatic arch, and through the left frontal region, with a distinct orifice of entrance and exit. Photographs of the bar and of the skull were exhibited. After the man had recovered from his temporary surprise, he walked up a long flight of stairs and gave a distinct account of the accident. He lived twelve years afterwards, and died in epileptic convulsions. The only change in him was a mental one. From being a steady, industrious, hard-headed foreman, he became quite unfit for his place. He was capricious, vacillating, and demoralised. He was, as it were, a boy in full possession of his passions. In fact, he was morally deteriorated, and his friends said he was not himself at all. Lesions made in the frontal lobes of monkeys were followed by a distinct diminution of their intelligence and curiosity, and of their faculty of attention; and they were either motionless, or their movements were purposeless, and merely restlessness. Similar lesions on man were followed by like symptoms, and by the impairment of attention, so far as they have been observed.

The lecturer then came to the effects of lesions of the motor region. The motor area includes the bases of the three frontal convolutions, and the convolutions bounding the fissure of Rolando, viz., the ascending frontal, and the ascending parietal, with its upper continuation termed the postero-parietal, or superior parietal lobule, and the inner aspect of the same or para-central lobules. The homologous regions of the monkey and man, are sufficiently close not to require long-detailed anatomical description. Within the area are situated certain definable areas, stimulation of which causes definite movements of the opposite side of the body; any destruction of which causes paralysis of the leg, hand, arm, or face; one or more, or all, according to the part and the amount destroyed. The Sylvian artery supplies this area, and the arrangement is such that the cortical branch may be blocked without interfering with the basal branch; consequently we may have cortical softening without morbid change in the parts below. This area is liable to irritative and destructive lesions. Irritative lesions cause convulsive phenomena, while destructive lesions cause paralysis. There can be no destructive lesion here without paralysis. A case was then referred to of a cyst situated in the motor zone without motor affection, but here there was no proof that the tissue was actually destroyed. When a case is found of lesion in the area without motor disturbance, then this may be considered as disproved. Electrical application to this area produces movement, and destruction of it paralysis, just as stimulation of a motor nerve leads to movement and destruction of it to paralysis. The characteristic of lesions of the cortex of this motor area is paralysis of the opposite side without loss of sensation in it. The paralysis affects the most volitional movements, while bilateral movements are little affected. The nearer the extremities the paralysis the more complete it is, as the hand more than the arm, while the muscles of the trunk are not easily affected. Cortical paralysis is accompanied by early rigidity; and if the destruction of the cortical substance is complete, the paralysis is of permanent duration, and sooner or later is followed by rigidity, and secondary sclerosis of the motor tracts. Then some illustrative cases were quoted. In some cases limited lesions of the cortex have been found associated with a greater degree of paralysis than can be accounted for by the mere anatomical extent of the lesion described; the anatomical area does not always correspond in extent to the functional disturbance. Different sections of the brain were then described by means of a number of illustrations. It is only lesions of those portions of the centrum ovale of Pitrés) which correspond to these motor centres that are invariably followed by secondary degeneration of a sclerotic character and certain paralysis. Early rigidity and spasm, which are so characteristic of effusion into the lateral ventricle, are due to irritation of the fibres of the fronto-parietal fasciculi of the centrum ovale. In limited lesions paralysis may be greater than, and not merely co-extensive with the seat of injury, and in these cases recovery may take place of all the paralysis, except that connected with the part distinctly injured. The lecturer went on to speak of semi-lateral oculo-motor monoplegia, and quoted some cases of this affection. In cases of hemiplegia there is rotation of the head and eyes to the side of lesion, because the centres of one side no longer antagonise those of the other. Crural monoplegia is due to a lesion of the postero-parietal lobule and upper part of the ascending convolutions. In a case where the injury was near the sagittal suture the leg and arm were paralysed, and the paralysis was recovered from in trephining. In the case of a tumour growing in this region, there was first paralysis of the leg, and afterwards of the arm. The tumour was three inches in diameter, and was situated in the upper part of the ascending parietal. Attempts to ascertain if any changes went on in the motor areas of an amputated leg were not yet satisfactory. There were great difficulties to be encountered. In the case where a thigh had been amputated twenty years ago there was found to be atrophy of the upper part of the ascending frontal convolution. In one case there was a linear depression at the proper centres, but this had not been examined microscopically.

Such observations, however, were very suggestive. Brachio-crural paralysis generally occurs in lesions of the motor centres situated at the head of the fissure of Rolando—the brachial and the crural centres being located closely together. Cortical lesions in infants are not altogether the same in their consequences as similar lesions in adults, according to M. Charcot. In a case of congenital absence of power there was atrophy of the corresponding motor convolutions, and an illustrative photograph by Dr. Gowers was passed round. Brachio-facial paralysis is more common than either brachial or facial paralysis alone; it is due to a lesion in the mid-frontal region, or somewhat lower. Facial paralysis affecting the lower portion of the face is rarely found with a cortical lesion. A case was then given of facial paralysis due to an abscess of a certain spot following a gun-shot. As to aphasia, he would not go into its history; it was due to lesions in the oral and lingual centres, commonly known as Broca's convolution. It is frequently accompanied by right hemiplegia. Here there is not speechlessness from inability to articulate; but the patient is unable to think in words, *i.e.*, to use those words which would correctly represent his thoughts. It is not absolutely confined to the left hemisphere; and in many cases where the lesion has occurred in the right side the patients have been found to be left-handed. For those who denied this association of paralysis and lesion it would be necessary for them to show that such a bilateral lesion could occur without the paralysis. In a case of bilateral lesion of Broca's region, reported by Dr. Barlow, there was both aphasia and paralysis of articulation. Such paralysis is most commonly produced by an embolism of the middle central artery. As to the diagnosis of cortical paralysis from that due to lesion of the corpus striatum we have nothing definite to guide us. In paralysis of cerebral origin, the parts most distinctly paralysed are those which are most volitional; thus, the arm is more paralysed than the leg, and the hand than the arm. Late rigidity is associated with secondary descending degeneration of the motor tracts. There is some doubt as to the effects of cortical lesions upon the temperature of the paralysed parts. Complete hemiplegia is not the most common, but a limited or dissociated paralysis becoming a complete hemiplegia. Cortical lesions are less frequently associated with loss of consciousness than are lesions of the corpus striatum and the vasal ganglia. They are more commonly associated with localised pain than are central cerebral lesions, and this can often be detected by percussing the skull over the seat of the lesion.

SPECIAL DEPARTMENT.

REPORT ON OPHTHALMOLOGY.

ESSENTIAL PHTHISIS BULBI.

Dr. W. W. Seely, M.D., Prof. of Ophthalmology and Otology in the Medical College of Ohio, is able to record in *The Clinic* two cases of this rare affection of the globe of the eye, of which only four cases have been previously published. In some respects this *lowering* of intra-ocular tension is the counterpart of its *elevation* in glaucoma, and is surrounded with quite as much mystery. Prof. v. Græfe first called attention to this peculiar condition (see *Arch. f. Ophthal.*, B. xii., p. 256), showing the difference between such a condition and the atrophy produced by irido-cyclitis or irido-choroiditis. This state of things so far has been found as the result of injury. In Prof. v. Græfe's first case (the one reported by himself) the patient had received a wound at the inner angle of the eye ten years previously, and had ever since suffered from attacks of sensitiveness of the eye to light, great lachrymation, severe pains in and about the eye. The eyeball became extremely soft, so it was flattened under the courses of the straight muscles. There was a slight perikeratic zone and upon posterior surface of the cornea were grayish streaks, regarded as folds of the membrane of Descemet. The vision was reduced to one-eighth, and the attacks lasted several hours, while in the intervals the eye was perfectly normal, the vision and tension only slightly diminished.

Dr. Swanzy, of Dublin, reports a second case that occurred in Prof. Græfe's clinic and treated by himself (see *Dublin Quarterly Journal*, Nov., 1869).

Prof. Nagel, of Tübingen, reported a case of this disease following an operation for convergent strabismus. There was great photophobia and lachrymation lasting for a long time, and a gradual diminution in the intra-ocular tension. The cornea showed similar changes as in Prof. Græfe's case, only Prof. N. regarded them in the *anterior layers* of the cornea, not in the membranes of Descemet (*Arch. f. Ophthal.*, xiii., p. 407).

A third case found in Prof. Schweigger's *Handbuch der Augenheilkd.*, was in an eye injured by some fireworks.

The first case that came under Dr. Seeley's observation was a student of the present class whose corneæ were very much altered by opacities, the result of inflammation in early life. Vision in the left eye was sufficient to enable him to get along with his studies, while that of the right eye was so poor no print could be deciphered. The inner portion of the cornea being clear an *iridotomy* was made in December, 1877. January 31st, 1878, he complained that during the previous night he had had a good deal of pain in the eye, and that the vision was very poor. (He claimed that there had been no unpleasant sensations following the operation, and that vision was very much improved). The eye was sensitive to the light, the bulbous conjunctiva injected, and the tension of the ball excessively reduced, the eye feeling perfectly soft, but not changed in form, not any haziness of the cornea, except what previously existed. Atropia was used a day or two, when it was discontinued (by the patient) because it caused pain. When the patient was next seen, the eye had become quite normal again. In a few days he reported a return of the old symptoms, and had put in some atropia, but these symptoms disappeared.

The second case was a boy, ten years old, who was struck upon the outer border of the right orbit with a piece of lead from a cartridge that he exploded. The wound, which was trifling, soon healed. No injury to the eye itself being apparent, very little was thought of it. The mother of the lad, however, noticed that the eye seemed sensitive to the light and weak, but as the eye looked well, and as if it had escaped all apparent injury, and the vision was quite good, the boy was not brought for a week after the injury to Dr. Seely, who found a slight scar at the seat of the injury, but no special sensitiveness in it or about it. The eyelids were kept closed, the eye being sensitive to the light. There was little or no pain, but considerable conjunctival injection. Tension reduced quite perceptably (T1). Vision reduced so only No. 7 Snellen could be read. Field of vision normal. An ophthalmoscopic examination revealed nothing except some apparent slight haziness of the vitreous, though the fundus could be well scanned. Cornea clear, pupil corresponded with the other in size, though its mobility could not be satisfactorily examined, as the eye was so sensitive and the boy fussy. Glasses were of no service for distant vision. Refraction of the healthy eye normal. The patient was seen twice a week for a fortnight. At the third visit the symptoms were considerably ameliorated, and Dr. Seely thought he could detect a slight increase in tension. On the next visit the eye was much better, and as far as he could determine, the tension was normal. At a subsequent visit three days later the eye was quite well. Vision normal for distance, and No. 1 Yaeger read with ease. The symptoms corresponded in all respects to those of the other cases, except in being comparatively permanent, a marked diminution in the tension from the outset, with some pain, great weakness to light, and conjunctival injection.

Dr. M. Landesberg gives in the *Phil. Med. Times* a report on 110 cases of extraction of cataract by Von Græfe's peripheric linear method, which he performed, in all essential points, strictly according to the method taught by Von Græfe, while acting under him in his clinic, as he saw him practise. The deviations in the operation as used by me were the following:

1. All operations of cataract have been performed without any assistance. 2. The eyelids have been kept apart by the speculum. 3. No anæsthetics have been administered. 4. Eleven cases of cataract excepted, all have been operated with downward section.

Classified according to the form of cataract, the report contains:—1. Eighty-one senile cataracts, comprising all primary cataracts in persons from the fortieth year of age upwards. 2. Nine soft cataracts, comprising all primary cataracts in persons less than forty years old. 3. Eleven traumatic cataracts caused by an injury of the eye, in patients of all ages. 4. Nine complicated cataracts. These are cases in which the cataract was either preceded or followed by intraocular diseases, as those of the vitreous, the choroid, retina, and optic nerve. Of these the prognosis is very unfavourable, and the result of the operation very doubtful.

Of senile cataract there were operated twenty-nine men and thirty-seven women; of the former, twenty-one right and fifteen left eyes; of the latter, twenty-six right and nineteen left eyes. Of the double operations of cataract seven belong to the male and eight to the female sex.

The ages are as follows:—Men: from 40 to 49 years, 3; from 50 to 59 years, 14; from 60 to 69 years 10; 77 years, 1; 83 years, 1. Women: from 40 to 49 years, 11; from 50 to 59 years, 11; from 60 to 69 years, 12; from 70 to 75 years, 3. Result of the operations is thus classified:—1. Perfect success, if the vision restored by the operation was greater than the fraction $\frac{1}{10}$. 2. Imperfect success, if the vision was below $\frac{1}{20}$. 3. Loss, if the result of the operation was only qualitative or quantitative perception of light.

a. Of the 29 men we have:

1. A perfect success in twenty-seven eyes, with the vision of $\frac{20}{10}$ in 2 cases; $\frac{20}{15}$ in 6 cases; $\frac{20}{20}$ in 5 cases; $\frac{20}{30}$ in 4 cases; $\frac{20}{40}$ in 4 cases; $\frac{20}{50}$ in 4 cases; $\frac{20}{200}$ in 2 cases.

2. An imperfect success in six eyes, with the vision of $\frac{15}{200}$ in 1 case; $\frac{20}{200}$ in 1 case; $\frac{8}{200}$ in 1 case; $\frac{6}{200}$ in 1 case; $\frac{5}{200}$ in 1 case; counts fingers at a distance of 8′ in 1 case.

3. Loss of three eyes.

b. Of the 37 women:

1. A perfect success in thirty-nine eyes, with the vision of $\frac{20}{10}$ in 1 case; $\frac{20}{15}$ in 1 case; $\frac{20}{20}$ in 8 cases; $\frac{20}{30}$ in 8 cases: $\frac{20}{40}$ in 9 cases; $\frac{20}{50}$ in 1 case; $\frac{20}{70}$ in 1 case.

2. An imperfect success in three eyes, with the vision of $\frac{15}{200}$ in 1 case; count fingers at a distance of 10′ in 2 cases.

3. Loss of three eyes.

Of the seven double operations of cataract of the men, there was: 1, perfect success in five patients; 2, the loss of one eye in one patient; and, 3, the loss of both eyes in one patient.

Of the eight double operations of cataract of the women, there was in seven patients a perfect success; in one patient the loss of one eye.

Of soft cataract, there were operated four men and five women; of the former, one right and three left eyes, of the latter, three right and two left eyes.

The ages were as follows:—Men: 18 years, 2; 20 years, 1; 27 years, 1. Women: from 20 to 29 years, 4; 37 years, 1.

The result of the operation was:

a. of the men:

1. A perfect success in three eyes, with the vision of $\frac{20}{20}$ in one case; $\frac{20}{70}$ in 2 cases.

2. An imperfect success in one eye, with the vision of $\frac{20}{200}$.

b. Of the women:

1. A perfect success in four eyes, with the vision of $\frac{20}{10}$ in 2 cases; $\frac{20}{20}$ in 2 cases.

2. An imperfect success in one eye. Counts fingers at 5′.

Of traumatic cataract, there were operated, of six men, four right and two left eyes; of two women, two right eyes; of two boys, two left eyes; and of one girl, the right eye.

The ages were as follows:—Men: from 16 to 19 years, 2; from 30 to 39 years, 2; 25 years, 1; 52 years, 1. Women: 28 years, 1; 32 years, 1. Boys: 14 years, 1; 15 years, 1. Girl: 14 years, 1.

The result of the operation was:

a. A perfect success:

1. Of the six men, with the vision of $\frac{20}{30}$ in 2 cases; $\frac{20}{30}$ in 2 cases; $\frac{20}{70}$ in 2 cases.

2. Of the boys, with the vision of $\frac{20}{20}$ and $\frac{20}{30}$.

3. Of one woman, with the vision of $\frac{20}{30}$.

4. Of the girl, with the vision of $\frac{20}{30}$.

b. An imperfect success:

Of one woman. Counts fingers at 8′.

Of complicated cataract, there were operated, of six men, three right and three left eyes; of two women, one right and two left eyes; and of one girl, the left eye.

The ages were as follows:—Men: 16 years, 1; 28 years, 1; 49 years, 1; from 60 to 70 years, 1. Women: 46 years, 1; 67 years, 1. Girl, 9 years, 1.

The result of the operation was:

a. Of the men:

1. A perfect success in four eyes, with the vision of $\frac{20}{40}$ in 2 cases; $\frac{20}{70}$ in 1 case; $\frac{20}{100}$ in 1 case.

2. An imperfect success in one eye. Counts fingers at 2′.

3. Loss of one eye.

b. Of the women:

1. A perfect success in one eye, with the vision of $\frac{20}{40}$.

2. An imperfect success in one eye. Counts fingers at 9′.

c. Of the girl:

An imperfect success. Counts fingers near by.

Summing up the results of the operation, we have: 1. A perfect success in eighty-eight cases. 2. An imperfect success in fifteen cases.

The course of the operation and of the healing process of the hundred and ten cataracts was as follows: In seventy-seven cataracts the course of the operation was perfectly normal. Of these, sixty-one cataracts underwent a perfectly normal process of healing, with a perfect success of vision in fifty-nine cases. Two cases had only an imperfect success, resulting from intra-ocular diseases previous to the operation, which destroyed vision.

In the other sixteen normal operations of cataract the healing process was abnormal. 1. In seven cases there occurred iritis. Final result, perfect success. 2. In four cases eye recovered with membrane in pupil. Final result, perfect success. 3. In two cases there were iritis, followed by closed pupil, resulting in imperfect success.

CONGENITAL DISLOCATIONS OF THE LENS.

Congenital dislocations of the lens are somewhat rare, and therefore of interest to all practising the profession of medicine, and worthy of record. But when, in addition to this, they result from an hereditary disposition, which affects several members of a family, through several generations, that interest is greatly enhanced. Probably the series reported in our last issue, as brought forward by Mr. Wordsworth, is unique. It is an extraordinary fact that in seven persons, certainly, both lenses are displaced, and there is great reason to believe the same condition existed in three others of the same family.

To the ophthalmologist also they are of transcendent interest, and afford a problem which has exercised the ingenuity of very many minds to discover the best means of alleviating the optical defect. In some instances the displaced lens has been extracted, so as to place the patients in the condition of those who have undergone the operation for cataract, but generally the operation has disappointed both surgeon and patient, for the difficulties of extracting under such circumstances are great, as such eyes are by no means favourable for the operation; some portion of the vitreous is generally lost, even by the most expert operators, aided by anæsthetics, and every other resource of art; and when the lens has been extracted with every possible facility, the eye seems unable to replace the unavoidable injury of the operation, and an indifferent result is obtained. In other cases it has been the object of the operator to place the pupil in such a position that the displaced lens might be entirely covered by the iris, and so excluded from the line of vision, allowing the patient to see past its free margin; or, in other instances, to place the pupil over the displaced lens, entirely excluding the space beyond its margin, and so allowing the line of vision to pass only through the lens. The artificial pupil in either case may be made by iridectomy or iridesis, and there is neither difficulty in the operation nor much injury done to the integrity of the eye, so the operation is well borne.

The result has often been satisfactory under both procedures, but much depends on the direction of the original displacement of the lens, for if the case admits of the pupil being placed inwards or downwards, that would be more suitable than in other directions. Again, if the lens be somewhat loose, that would be unfavourable for its use in vision, and there is the risk of its becoming detached from its suspensory ligament. Should the eye be very myopic or very hypermetropic, there would again be additional grounds for varying the procedure of an operation. In the former condition the line of vision should be beyond the free edge of the lens, in the latter the reverse.

However, before any operative proceedings be decided on, a very careful examination by means of artificial lenses, assisted by atropine or eserine, should be instituted. Thus, by physiological dilatation or contraction of the pupil by atropine or eserine, much may be done towards deciding on the necessity of an operation or on its nature. But much improvement in vision may be obtained by the aid of glasses alone. In some instances the ordinary spherical convex or concave lenses will suffice. In others there is more or less astigmatism, requiring the use of cylindrical lenses, in addition to those for the ordinary error of refraction.

In the cases above described so much improvement was attained by the use of glasses that no operation was considered necessary; had it been otherwise the direction of the displaced lenses was not suitable for artificial pupils.

ABOUT BOOKS.

Cyclopædia of the Practice of Medicine. Edited by Dr. H. Von Ziemssen. Vol. xiv.—*Diseases of the Nervous System and Disturbances of Speech.* London: Sampson, Low, Marston, Searle, and Rivington. 1878.

Prof. Eulenberg, of Griefswald, opens this volume with an essay on Vaso-motor and Trophic Neuroses, to which we shall return presently. To his pen we are also indebted for the interesting articles on Catalepsy, Tremor, and Paralysis Agitans.

Prof. Jolly, of Strasburg, undertakes the subject of hysteria, and his article is interesting, learned, more clearly arranged than the majority of essays on this subject, and quite up to date, the recent investigations of M. Charcot receiving full attention. He seems also well acquainted with English writings, and particularly examines Brodie's description of the conditions mistaken for joint disease. Anæsthesia and paralysis are, perhaps, even better treated than hyperæsthetic conditions, while the psychical manifestations of patients are described without exaggeration and yet graphically. Treatment also receives a larger share of attention than in some other essays in this Cyclopædia.

Prof. Nothnagel writes on Epilepsy and Eclampsia. Before undertaking the clinical description he gives an account of the experiments which have been undertaken for the purpose of gaining a clearer insight into the nature of epilepsy. Of course, in this outline, the researches of Brown-Séquard during the last quarter of a century occupy the most important position, and, so far as seems possible within a moderate compass, the author has done justice to these manifold investigations. The experiments of Westphal, Hitzig, Schiff, and others, are also examined, nor are our own Travers, Astley Cooper, and Marshall Hall passed over.

Prof. Bauer, of Munich, contributes the article on tetanus, a subject which, if not encouraging from a clinical point of view, at least affords scope for a careful analysis of what is known, and an indication of the direction in which further researches are required. It is certainly discouraging to reflect how little we have been able to attain in the management of a disease perfectly well known to the ancients, whose descriptions compare favourably with those of modern writers, and who also recognised its principal causes. These were stated by Aretæus in terms almost entirely in accordance with the views now entertained.

The veteran editor himself undertakes the subject of Chorea, which he treats with the learning characterising his other contributions to medical science. He opens with some very interesting notes on the history of this remarkable disease, in which he shows that Sydenham was undoubtedly the first to evolve our modern conception of chorea from the mass of foreign matters which surrounded it, although, since his time, other writers have reimported a certain amount of confusion into the subject. The author thinks that chorea magna should be entirely excluded, and defines his subject as a neurosis of which the seat may be the brain or the entire nervous system, "characterised by incessant incoordinate quiverings or jerks of groups of muscles, which sometimes are spontaneous in origin, and sometimes are excited by voluntary impulse, which occur almost exclusively in the waking state, and are accompanied by a more or less developed psychical disturbance"—p. 421. As regards the relation between rheumatism and chorea, von Ziemssen inclines to the English view, although in Germany and Austria the connection between these two diseases seems to be less close than in England and France. So, too, it would appear that the connection between chorea and heart disease seems to vary in different localities. Steiner found that only four cases out of 252 developed from acute rheumatism. Von Ziemssen found one case in five had been preceded by rheumatism. In this country valvular vegetations have been frequently found when rheumatism had not preceded the chorea. Our author thinks that the cerebrum, and, above all, the great basal ganglia, form the chief seat of morbid change in chorea, and that embolic processes may act as irritant causes, but, of course, it is manifest that autopsies have only been made in severe cases, while in light ones only slight disturbances can be supposed to exist. In treatment sleep is of the first consequence. A quiet room is therefore said to be desirable, and chloral an important medicine. As a nervine arsenic is given the first place, it having succeeded in obstinate cases after bromides, zinc, and electricity had failed. Chloroform is now largely displaced by chloral hydrate. To prevent relapses sea air and sea baths are recommended.

The longest and most original article in this volume is on disturbances of speech, by Professor Kussmaul, who calls his "performance an attempt in the pathology of speech." It is an essay of great learning, full of interesting suggestions and speculations, but one which seems to be almost out of place in this Cyclopædia. The author begins at the beginning, and contrasts the *logos* of the Greeks with the speech of animals, holding that although it is now uttered with consciousness and design, human speech originated without intention, and is no mere invention; he calls it an "acquired reflex," and remarks that children learn to speak without being able to account for it, merely owing to unconscious impulse directed at the same time by external instruction. So he thinks writing sprung out of that impulse which urges us to reproduce all phenomena in mimic representations. The step from the portraits executed by the inhabitants of caves to the written signs of words is a long one, but the theory deserves less ridicule than has been cast upon it. The essential points in the process of talking are thus stated: "In the first place, a thought is indispensable which we have conceived, and then an impulse of feeling urging us to express it. Next we choose and say the words which the acquired language in our memory places at our disposal. Finally, the reflex apparatuses are called into play which give outward utterance to the words. Accordingly, the act of speaking consists in three stages or processes: (1) The preparation in the intelligence and feelings of the matter to be uttered; (2) the diction or the formation of the words internally, together with their syntax; (3) the articulation or formation of words outwardly, irrespective of their connection with one another in the matter spoken" (p. 595). The translator adds a note to the effect that he has given these definitions literally, and we are not disposed to offer a better version, for the author's German is by no means easy to Englishmen, and we rather congratulate him on having found so patient and careful an interpreter, who must also feel relieved on the completion of his onerous task. The translator will forgive us, while thanking him for what he has done, for observing that the phrase "Speaking involves understanding oneself as as well as others," is susceptible of an equivocal interpretation. The author denies the existence of a centre of language or seat of speech in the brain, and of course maintains, in accordance with this, that aphasia is not always the result of disease of the third left frontal convolution. His remarks on the localisation of speech are worthy of attentive study, and we may add that the practical outcome of his teaching is less abstruse than his preliminary chapters might seem to indicate. The concluding section on the education of deaf mutes sets forth the advantages of the German method in opposition to the French, which is still largely used in this country, but its defects are beginning to be perceived, and it will probably be gradually displaced.

Returning for a moment to the first article, we may remark that Professor Eulenburg's essay includes unilateral progressive atrophy of the face, and contains an account of all we know about that interesting condition. Also an exposition of the theories on Graves's disease, or as it is here called Basedow's disease; but on neither of these is much said about treatment. And the same remark applies to progressive muscular atrophy, and the other subjects comprised in the essay. In fact, the whole volume may perhaps strike the reader as one of the least satisfactory of the series in this respect, and yet it is scarcely a reproach, for German practice may after all give results not inferior to those which our abhorrence of expectancy leads us too frequently to adopt, on perhaps inadequate grounds.

Traumatic Psoïtis (*De la Psoïte Traumatique*). Par le Dr. G. Marcano, Aide de Clinique à la Faculté de Médecine, &c. Paris: au Bureau du *Progrès Médical.* 1878.

The Editor of *Le Progrès Médical* publishes from time to time monographs upon various subjects of interest, many of which are well deserving of study. The work before us is one of them, and we can recommend it to our readers. In it the author has carefully analysed the subject of traumatic psoïtis, and the study of his monograph will throw much light upon many cases, the diagnosis of which has proved embarrassing. He confines his remarks to psoïtis, either arising directly or indirectly from injury to that muscle, as distinguished from psoïtis accompanying lesions of other organs. He distinguishes three forms—cellulitis, peritonitis, and myositis, the first two corresponding to two forms of spontaneous iliac abscess; primitive myositis or true psoïtis is traumatic. The true nature of the lesion was first described, according to Dr. Marcano, by Rousille Chamseru, whose observations, however, were not published by himself, but first by Vicq d'Azyr and Mouquart. Its origin is almost always attributable to over exertion, sudden or prolonged, traumatic, or other local cause, and hence it is most commonly seen among the hard-labouring poor. Most frequently the violence is applied to the anterior abdominal wall, or lumbar or inguinal regions, indirectly violent efforts to raise weights, or save oneself from falling, &c., will produce the same effects. Whatever the nature of the cause, traumatic psoïtis caused by indirect violence, never occurs except after a sudden or much prolonged contraction, and considerable attention is given to the question whether rupture of muscles occur, during contraction or relaxation, and the author agrees with Cruveilhier that it is during contraction. Puerperal psoïtis, he attributes not to the *puerperal* state, but to mechanical injury caused during labour, as maintained by Kyll de Wœsel. The seriousness of the malady, which may terminate fatally, calls for the most careful diagnosis, and the work before us furnishes ample material for a correct diagnosis. The etiology and pathology are carefully detailed as well as the treatment. Altogether the author has produced a thoroughly practical work replete with information.

Reports on Diseases of the Chest. Vol. III. From 1876 to 1877. Edited by Dr. Dobell. London: Smith, Elder, and Co. 1878.

This valuable volume of reference has again made its appearance and deserves our welcome. We have noticed the former volumes with approval, and need only say that this addition to the series is worthy of its predecessors. In future we are informed the work will not be annual, but appear at such intervals as the accumulation of materials may render advisable. These Reports are, however, to continue to give a complete *précis* of work in all the departments relating to the diseases of the thoracic organs and their immediate associates. So comprehensive a digest of all that appears in so important a branch of our art ought to be fully appreciated. After looking through this volume we are pleased to say that the work seems to us most carefully done. On a number of points which interest us we found abstracts of the best papers, and we trust that the editor will be able to issue his future volumes as complete and as well arranged as this.

Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States, 1875. By John M. Woodworth, M.D. Washington Government Printing Office. 1876.

Like its predecessor this volume contains, besides the dry detail of official work, several interesting reports by various medical officers. Among them we may mention three on yellow fever (by Murray, Herron, and Vansant). Other reports treat of "consumption" (Hamlin), scurvy (Ellinwood), and syphilis.

Diagrams for the Record of Physical Signs. London: H. K. Lewis. 1878.

These are a series of diagrams giving front and back views of the thorax and abdomen, and are intended as aids to clinical study, the exact position of apex beat, area of dulness, extent of pain, &c., being marked in on them by the student. They have been brought out under the superintendence of Dr. Gowers, and will, we doubt not, be found useful to students and others. At the same time we should have liked to have seen more than two plates given. A side view might with advantage have been added.

New Editions.

Dr. Sidney Ringer's *Handbook of Therapeutics* (H. K. Lewis) has reached a sixth edition, and the publisher has turned it out in the same manner which does credit to this and his other text-books. The author says he has endeavoured to put his readers in possession of the new facts observed, and give an account of important discoveries made since the previous editions. We have, therefore, a fair article on salicine and its congeners, some of it in small type, the use of which is increased. Pilocarpine and muscarin also obtain notice. In these and some other instances, the author perhaps naturally attaches much importance to his own experiments. Most of these have been detailed in the periodicals, and noticed by us from time to time. The book is so well known that it is unnecessary to say more. We still regard it as more adapted for practitioners than for students.

Dr. Prosser James's *Lessons in Laryngoscopy* has reached a second edition. The author states in his preface that he has not revised the text, but that in republishing the work he has confined his attention to the colouring of the plates. On comparing the present with the former issue we think the new plates an improvement on their predecessors.

AT THE SOCIETIES.

AT THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

February 26th, 1878.

AMNESIA.

At this meeting of this Society, a paper was read by Dr. Broadbent on "A Case of Amnesia, with *Post-mortem* Examination."—The patient, an omnibus driver, æt. 49, of intemperate habits, had a fit, of which no accurate account could be given, in the beginning of October, 1877. From that time he was in the condition in which he was found on admission into St. Mary's Hospital on the 11th. There was no paralysis, excepting slight paresis of the right side of the face; but sensibility was defective over the right half of the body, limbs, and face. The speech consisted almost entirely of an inarticulate jargon, such expressions as "If you please," "Thank you," being only occasionally made out. It was difficult to know how far he understood what was said to him, although his replies appeared natural in tone and accent, and were accompanied by natural gestures and facial expression. He would also make long speeches to those around him, but he did not seem to know that his language was inarticulate. His want of comprehension of spoken words was shown by telling him to do something. On being told to give his hand, he put out his tongue; his actions were not appropriate, and he did not understand writing. He died suddenly, on Nov. 6th, and on *post-mortem* examination a considerable portion of the posterior half of the convex surface of the left hemisphere was found in a softened state. The greatest depth (three-quarters of an inch) and breadth of the morbid change was seen in a transverse vertical section made at the end of the fissure of Sylvius. Here the softening reached from near the superior longitudinal margin to within an inch of the inferior and internal edge of the hemisphere. The convolutions affected were proceeding from before backwards, the supra-marginal lobule and corresponding part of infra-marginal or first temporo-sphenoidal gyrus; more deeply and in a more advanced degree the postero-parietal lobule, the angular gyrus and the first and second temporo-sphenoidal convolutions in the same place; less extensively, the middle annectent gyrus and the part of the occipital lobe adjacent. The softening involved the tempero-sphenoidal lobe more completely than the parietal lobe membranes. Arteries of brain fairly healthy, of vertex opaque, and raised by fluid from convolutions. No other change observed. It was thought that the patient's loss of comprehension of words and his confusion of mind were due to the destruction of the channel from the auditory perceptive centre to the higher centre in which the name is associated with the idea which it symbolises, or to destruction of this same centre itself. At all events, there was in this case the association of a certain loss of intellectual faculties with a lesion of definite extent and seat. From this and similar cases in which the left hemisphere is affected, it would appear that the exclusive employment of this hemisphere, as the way out for language, involved its use as the "way in."—In reply to a question of the President, Dr. Broadbent said the patient was quite unable to express his ideas in writing, and he even held his pen in an aimless sort of way, not appearing to attempt the use of it. —Mr. Spencer Watson was very doubtful about the one-sided nature of the higher cerebral functions, and thought that the true explanation of cases of amnesia from lesion of one side of the brain might be found in a loss of balance between the two hemispheres, just as the function of walking is disordered if one leg be injured or lost.—Dr. Broadbent said the limitation of the function of speech to one cerebral hemisphere seemed abundantly proved by facts. No amount of lesion in the right hemisphere would produce loss of speech, whereas a very limited lesion in the third frontal convolution of the left side produced aphasia.

ANCHYLOSIS OF BOTH KNEE-JOINTS.

Mr. Brodhurst read a paper on this subject.

March 1st.

ANNUAL MEETING.

The annual meeting of this Society, held March 1st, was chiefly occupied with the financial and other business of the Society, the delivery of the President's address, and the presentation of the Marshall Hall Memorial Prize to Dr. John Hughlings-Jackson for his investigations into the pathology of the nervous system.

It appears that the receipts exceeded those of the previous year by about £100; but the year having commenced with a deficiency, instead of the usual balance in hand, the available income was slightly less. The balance in hand was £33 19s. 3d. The total number of Fellows has risen from 651 to 665.

The committee on Membranous Croup and Diphtheria was still engaged in sifting the material in hand, and their final report would soon be made public. Some change was made with regard to the period of the meetings of the Society, and it was now recommended that the meetings should be held from the fourth Tuesday in October to the second Tuesday in June.

With respect to the library, 443 new works were added last year, and the new catalogue now in progress would probably be in the hands of the Fellows in the course of the year.

The President then called upon Dr. Hughlings-Jackson to come forward to receive the diploma of the Marshall Hall Prize, and addressed him in the following terms:—"Dr. Hughlings-Jackson, I could have wished that, for this night at least, the chair might have been occupied by another than myself, so that you might have received your well-won honour from the hand of one who had himself gathered laurels in the same field as you. But as this cannot be, I have at least the satisfaction of assuring you how much I am your debtor for the light you have thrown on my path in the daily practice of my profession; how often I have found your doubts worth more than many another man's assertions; how, even when I have hesitated to adopt your conclusions, it has been with the feeling that probably you were right and I was wrong—that your keener insight had shown you clearly facts, the outline of which seemed to me still blurred and indistinct. Though all the Fellows acquiesce in the justice of the Council's award, it is yet, perhaps, fitting that I should mention the three chief grounds on which that award was made:—1st. Your contribution to the increase of our knowledge of aphasia, and to the increased certainty of that wonderful discovery by which we are now enabled to localise the power of intelligent articulate speech in a certain district of the brain. 2nd. Your careful clinical observations on epilepsy, and the light you have thereby thrown on many points connected with the structure and functions of the brain. 3rd. Your researches with the ophthalmoscope—that instrument by means of which we see through the eyes, as through windows, to the brain. I hope, in time, we may arrive by its means at something approaching that certainty of diagnosis which auscultation has enabled us to attain in diseases of the chest. In handing to you this diploma, which records your selection as the first Marshall Hall prizeman, I need not urge you to continue your investigations with the same diligence as heretofore, for 'the labour we delight in physics pain;' but do it with the same absence of self-seeking as has characterised your work hitherto, and you will continue to enjoy still the rare good fortune of praise without detraction, of honour without envy."

Dr. Hughlings-Jackson, in receiving the diploma, briefly replied, thanking the President and the Society for the very high honour conferred upon him, an honour which, above all things, would stimulate him to further exertion.

March 12th.

STONE IN THE BLADDER.

The meeting of this Society on the 12th ult. was distinguished by the large attendance of fellows and visitors, and the great interest taken in the paper of Sir Henry Thompson, which embraced a summary of his experience of 500 cases of operation for stone in the bladder, up to January, 1877. The calculi from each of these 500 cases were exhibited. The 500 cases were adult males, the great majority being from 50 to 70 years—the mean age 61½ years. The published experience of Cheselden, Martineau, Brodie, and Fergusson was given. The sum of similar cases treated numbered 422. Of these 422, 69 were fatal, or 16½ per cent.—*i.e.*, 1 in rather more than 6 cases. Of the 500 cases in question, 422 were by lithotrity, and 78 by lithotomy. The number of individuals operated upon was 420, several of the lithotrity patients being operated upon twice, a few three times. In all cases a considerable interval and evidence of fresh formation, mostly a newly-descended uric acid calculus, had existed. Small phosphatic concretions, although removed by lithotrity, had not been reckoned as stone in the bladder. The chemical constitution of the calculi was as follows:—Uric acid, 313; phosphatic, 99; mixed, 81; cystic oxide, 1; pure phosphate and carbonate of lime, 2; phosphatic calculi formed on foreign bodies, 4. The mortality, accepting almost any death occurring within six weeks of the operation, was as follows:—In 422 cases of lithotrity, 32 deaths, or 1 in 13 cases; in 78 cases of lithotomy, 29 deaths, or 1 in 2¾ cases. Total, 500, with 61 deaths, or 1 death in 8½ cases. The causes of death, which were given in each case, were tabulated, compared, and contrasted in the two operations, with inferences thereupon. Accidents met with in operating by each mode were detailed, and the manner in which they were dealt with. The general inference was arrived at that it was unwise to apply, as a rule, lithotrity to any stones above moderate size; and if any calculus is sufficiently large to require what is known as the fenestrated instrument, it is better to employ lithotomy. The author had not employed such an instrument during the last ten years.

After the President had returned thanks to Sir H. Thompson, and complimented him upon his valuable and instructive paper,

Mr. Cadge (of Norwood) called the attention of members to the result of his experience, and to his opinion of these operations. He said that the 500 cases cited were remarkable for their successful results, as well as for showing the increase of specialism, the division of labour in the profession. Mr. Cadge then entered into the respective statistics of the two operations, and said that of all persons above 50 submitted to lithotomy, 31 per cent. die; while only 8 per cent. of those submitted to lithotrity are fatal; and that according to Sir H. Thompson's experience of the two operations the effect of lithotrity has been to reduce the mortality of all cases over 50 from 31 to 12 per cent. His experience, which amounted to 230 operations, tallied closely with that of the author. Of 104 adult cases, 20 per cent. died; of 86 lithotrity cases, 8 died, or 1 in 10¾. But then, while recurrence after lithotomy was rare, it was very common after lithotrity; and Mr. Cadge put great stress upon the fact that this recurrence is one of the serious defects of lithotrity, and is due in the large majority of cases to minute portions having been overlooked. Another serious defect is the cystitis, and the continued vesical irritability and phosphatic deposit not unfrequently left after lithotrity. Sir H. Thompson has described this as unavoidable, and as the price paid for greater security to life which lithotrity affords; and he thinks it is due to the injury done to the mucous membrane by sharp fragments of stone and by continued instrumentation, and also to chronic retention of urine, which is apt to come on during lithotrity in old people. A more frequent cause, however, is the sacculated condition of bladder so frequently produced by prostatic enlargement. A calculus descending from the kidney into such a bladder is not passed, owing to the obstruction to the outflow by the enlarged prostate, but augments there. Lithotrity is resorted to, some of the fragments hide themselves in the recesses of the mucous membrane, and either set up acute inflammation which extends to the peritoneum and quickly ends fatally, or, more frequently, the bulk of the stone is removed, the patient is much improved, but a fragment or two secrete themselves in the sacs and produce chronic cystitis, encysted stone, and phosphatic deposit. It is the most frequent cause of those "scores of cases" which Sir H. Thompson has mentioned of cystitis and phosphatic deposit in old people. Thus, then there was after lithotrity a much larger class of cases which neither die nor recover than what obtains after the other operation, so that some may think that this fact almost counterbalances the greater security to life which lithotrity undoubtedly affords. His own experience convinced him that with all its drawbacks lithotrity was in careful hands capable of saving many lives, and a great boon to suffering humanity.

Mr. West (of Birmingham) who came from the neighbourhood of South Staffordshire, a district where much stone prevails, remarked that out of 139 cases at the Wolverhampton and Staffordshire Infirmary the mean mortality was 1 in 12·14, for cases under 40 years 1 in 16·2, and between 40 and 80, 1 in 11·5. In certain districts children were the chief sufferers, in others, adults; and he believed that many of the latter came up to London to be operated on. The cases of lithotrity, as a rule, did well, if the stone was early dealt with.

Mr. Macnamara referred to his practice in the N.W. provinces of India, where the number of cases of stone is very large indeed. Lithotomy had been the operation he had almost invariably performed, and he was glad to hear Sir H. Thompson say that in his last 100 cases he had reverted more to that operation than hitherto since the introduction of lithotrity. In this operation a free incision was, according to his experience, far safer, and attended with less injury to surrounding parts than a small one. When the stone was large he was in the habit of crushing it before performing lithotomy.

Sir J. Fayrer drew the attention of Sir H. Thompson to a work by a successful native lithotomist, which contains the details of 248 cases with 17 deaths.

Sir James Paget, after congratulating Sir H. Thompson for the brilliant results of his practice, said that he must confess to a general feeling in favour of lithotomy over lithotrity. A comparison of the two operations should be made with a full consideration of the incomplete and unsatisfactory results of lithotrity, often with months and years of suffering, and sometimes with recurrence of the stone. Then when to this be added the fact that at Sir Henry Thompson's hands the operation had received almost every improvement it could well have—compared with those of the present day Civiale's instruments are rough and unwieldy,—he thought that the operation was now performed under the best conditions possible, and that it was doubtful if we could look for its further improvement for some time to come. But there was scope for further improvement in lithotomy to ensure better results, especially in the after-treatment of cases. It does not admit of antiseptic treatment, but we recognised in the present day conditions of erysipelas and cellulitis as sources of danger after the operation, conditions misinterpreted in the past as "peritonitis after lithotomy," or "urinary infiltration," with no reference to their septic origin. The aim of after-treatment was definitely directed to prevent such conditions arising. Again, in past times, the operation would be undertaken on patients the state of whose liver and kidneys would now be regarded as contra-indicating it. Taking all these circumstances into consideration, he doubted if the mortality from lithotomy at the present day would be found so much larger than that after lithotrity; and, for his own part, were he to begin an active surgical life again, he would begin with lithotomy, and reserve for lithotrity only those few cases in which the calculus could be got rid of in two or three sittings. He felt sure that the mortality from lithotomy could be reduced by one-half.

After several other members had made a few remarks, which want of space will forbid us to notice Sir **Henry Thompson** thanked the Fellows for the attention they had given to his paper. He said the relations between the two operations was by no means antagonistic. The real fact was that they were complementary to each other—allies, not enemies. Lithotrity was the handmaid of lithotomy, and each did work to which the other was incompetent, and in this view only could their respective merits be estimated. He would allude to what had fallen from Sir J. Paget, who, among those present, had perhaps most strongly declared for lithotomy; yet even Sir James thought lithotrity applicable to all those calculi which might be disposed of in two sittings. Well, that was a distinct position. The only question relative to it was one of degree; was the line to be drawn there, or was it to be drawn a little further in favour of the crushing operation? He thought lithotrity was still preferable where the stone might be crushed at three, or at most four, sittings. Beyond that he was not, as a rule, prepared to go, and at that point he should mostly prefer to cut. But then this introduced a very important subject. He agreed with Mr. Napier that the real want was the early discovery of stone, and this it had been a leading object of his life to teach. Every calculus ought to be found when it was of that size for which the two sittings would suffice to crush. Very rarely indeed was it not associated with symptoms which clearly showed its presence. Then, as to the question of the recurrence of stone, it was not fair, nay, more, it was not true, that the recurrence was due in all cases to the operation of lithotrity. For example, when a uric acid stone re-appeared some years after an operation for crushing, no one could for a moment suppose that this proceeding could be held accountable for the new product. What happened when lithotomy was the only operation? And what happened in the cases of diseased bladders which now lived to discredit lithotrity? Why, the patient in either case often succumbed to the cutting operations, and did not live to produce a third or even a fourth stone.

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AT THE MEDICAL SOCIETY OF LONDON.

At the meeting of this Society on the 18th ult., Professor **Erasmus Wilson**, F.R.S., President, in the chair, Mr. **Allingham** proposed, and Mr. **Adams** seconded that a vote of thanks be given to the silver medallist, Dr. Godson, on his retirement from the office of hon. secretary, and to the other retiring members of the Council. The vote was carried by acclamation.

Mr. **Wm. Adams** exhibited to the Society

A NEW SHOE FOR THE TREATMENT OF TALIPES EQUINO-VARUS, ETC.,

by the use of which many of these cases may be cured more perfectly and in a shorter time than by the instruments generally in use.

Mr. **Adams** considered that the instrument generally in use, the so-called Scarpa's shoe, was admirably adapted to the treatment of talipes equinus, in which deformity the foot moved as a whole from a single centre of motion, viz., the ankle-joint; but a great error was committed when this apparatus was used for the treatment of talipes equino-varus, or for varus. In all the more complex distortions such as equino-varus, varus, and severe valgus, the foot no longer moves as a whole from one common centre of motion, but it moves in two portions from two distinct centres of motion, viz., the ankle-joint, and the transverse tarsal, or as it is sometimes called the medio-tarsal, joint in front of the astragalus and os calcis. It is of the utmost importance to consider the direction in which the anterior and the posterior portions of the foot move from these two great centres. At the ankle-joint we have only the simple movement of flexion and extension; but at the transverse tarsal joint, which partakes more of the ball-and-socket character, the anterior portion of the foot is capable of being moved in several directions. In equino-varus, and in varus, the anterior portion of the foot is inverted, rotated inwards, and flexed, so that the foot is bent upon itself in the direction of its length; and in severe cases of talipes valgus the anterior portion of the foot is rotated outwards. It is obvious, therefore, that the instrument used to correct these distortions should be subdivided like the foot into two portions, moving like the foot from two distinct centres of motion, and that each portion should be capable of moving in the same directions as the portion of the foot to which it is adapted. The mechanical centres of motion must also be made to correspond as nearly as possible to the anatomical centres of motion. It is with these fixed ideas that Mr. Adams had gradually improved the instrument which we still call the Scarpa's shoe, and the latest improvements are shown in the instrument exhibited to the Society. It has been made, under his direction, by Mr. Ernst, of Charlotte Street, Fitzroy Square. In this improved Scarpa's shoe, the sole plate is divided into two portions by a joint corresponding to the transverse tarsal joint, and the anterior portion can be moved in various directions by three cog-wheels, or rack-and-pinion movements in the sole plate; the movement of inversion and eversion is regulated at one, that of flexion and extension at another, and rotation at the third, so that the anterior portion of the sole plate can be moved in any of these directions, the mechanical thus corresponding to the anatomical centres of motion in the production of the deformity.

THE OBLITERATION OF PORT-WINE MARK.

Mr. **Balmanno Squire** read notes of two cases of port-wine mark treated with a view to obliterating the mark without scar. The one case was that of a man, aged thirty; the other that of a woman aged fifty-five. In both the port-wine mark was confined to the right half of the face, and in each case treatment was carried on long enough to produce nearly complete obliteration of the mark. Scarification was adopted in both cases by means of parallel incisions with a frozen scalpel, the skin also being frozen by means of the ether spray; the cuts involved the entire thickness of the skin, and were made about one-sixteenth of an inch apart, and as soon as these had healed (within three or four days) further parallel incisions were made obliquely in the same direction, and so on with a series of operations. This procedure gradually resulted in the fading of the port-wine mark, and its final complete obliteration without leaving any scar. Mr. Squire showed drawings of these cases, and of an instrument he had devised for executing a series of incisions at one stroke. It was a scalpel with sixteen parallel blades, placed so closely together that eighteen of them measured only half-on-inch across. He also described an apparatus, consisting of a number of parallel needles fixed in a plaster of paris handle, so that the handle contained thirty-six needle-points in the half-inch square. These should only be heated to a black heat on their insertion into the skin, for if heated to redness they produced complete sloughing of the entire area of skin operated on.

The **President** said that the operation was obviously as yet only in its infancy, but the process of linear scarification, as proposed by Mr. Squire, appeared to him to promise good results. Certainly no other satisfactory mode of dealing with port-wine marks had as yet been proposed.

Mr. Malcolm Morris, Mr. Wordsworth, and Mr. Davey also made a few remarks, after which

Mr. **Squire** replied that, in order to succeed in effecting neatly close parallel incisions, some practice in pencil or in pen-and-ink drawings was a considerable advantage, and that those practitioners who happened to have this kind of training would find but little difficulty in the matter. However, the multiple scarifier he had devised would effectually dispense with the necessity for that kind of accomplishment. He had tried multiple linear scarification in lupus, but preferred the results he had obtained in that disease by erasion with a minute sharp steel spoon; scarification of any kind, as applied to port-wine mark, was, he believed, as yet untrodden ground.

THE ACTION OF MALARIA.

Dr. **Sullivan** then read a paper on the action of malaria on the human organism, advocating the theory that to nerve paralysis, through the action of this poison, must be attributed, not alone the phenomena manifested during a paroxysm, but also the sequel of the intermittent fever. The author explained, by means of a diagram, the special venous circulation between the spleen, stomach, pancreas, and liver, together with the peculiar function of the spleen destined to supply to the glands of the stomach the materials necessary for their secretion, deducing therefrom the opinion that whatever tends, like the poison of malaria, to impair the function or the texture of the spleen (an organ which, as a part of the lymphatic apparatus, acts so important a part in the formation of the blood, and in the process of nutrition), must affect greatly the function of digestion.

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MEDICAL OPINION.

THE ARMY MEDICAL DEPARTMENT.

The *Medical Times and Gazette* says:

Mr. Hardy has admitted, whether ill-treated or not, and whether offended or not, the medical officers did justice to the army, for the health of the troops had never been better than during the past year. As to what he had said a few days before about the Army Medical Department being in a most unsatisfactory state, Mr. Hardy would not have people make too much of that. For the Indian Medical Service the number of candidates did not greatly exceed the number of vacancies; in civil life medical men were getting fewer in comparison with the increase of population; and the opening of the Civil Service and the competition of appointments in India attracted young men away from medical pursuits. And after all, there would, by the end of March, be only eight vacancies unfilled in the British Medical Service, so that the condition of the department was not so very bad. How this can be the case exactly, when in February last only nineteen candidates appeared for the forty advertised vacancies, we fail to understand; but Mr. Hardy admitted that, notwithstanding all he had said, it was unsatisfactory that he could not get as many candidates as he wanted, and that it was clear that we must have medical men for the army somehow or other. He has therefore "referred the questions of complaint to a very small committee, having only one medical man upon it, and two others perfectly qualified to deal with the complaints." The committee are to formulate the complaints made on every point, and to report to him with respect to such amendments as they may deem necessary in order to render the service more acceptable. That is all the information given about the committee, and we can only hope that their services will be satisfactory and faithful; for every one will agree with Mr. Hardy's final remark, that it is very bad when medical officers in the army happen to be dissatisfied with the service.

The *British Medical Journal* says:

Hitherto Mr. Hardy has been reputed to have pursued the system of taking the advice of one or two personal acquaintances in the medical profession, as to what are likely to be the best remedies for the discontent and disorganisation of the department. Rightly or wrongly, it was very extensively reported at the time that one civil adviser was responsible for suggesting the short-service system, to be followed up by the weeding of the department at the end of ten years, with a *congé* and a bonus of a thousand pounds to those who were not wanted. It was made known to us that this scheme was in contemplation before it was finally adopted; and we took occasion at once to warn the authorities that no such proposition would be acceptable to the profession, or likely to succeed in recruiting the department, or in contributing to its efficiency. The experiment was, however, persisted in, in spite of remonstrances, and with a disastrous result. Mr. Hardy has now, he announces, nominated a committee. There can be no doubt that the short-service expedient must now be abolished, and that it must be replaced by the old system of continuous service, together with such conditions of service and of retirement as will make the service tolerable, and the flow of promotion, and the conditions of retirement reasonably satisfactory. Within the lines of this programme, Mr. Hardy will find no difficulty in deciding upon the plan which will be likely to be accepted by the profession at large, and by the department, as satisfactory. At any rate, the former disregard shown by Mr. Hardy on many leading points which have been urged upon his attention as essential to the fair settlement of the question, has resulted most unsatisfactorily for the welfare of the army, and for the comfort and safety of both officers and soldiers, whose interests must always be the first as well as the principal sufferers from any deficiency in the quantity and quality of the medical attendance which is essential to the health and well-being of the force. The urgency of the situation will give Mr. Hardy the best possible reason for treating the question afresh, and taking a new departure from a more extended and generous point of view; and his appointment of a committee, together with the conciliatory tone of his speech in moving the estimates, indicates that Mr. Hardy has awakened to a sense of the gravity of the situation.

The *Medical Press* says:

It is at least satisfactory to observe that Mr. Gathorne Hardy has awoke to the conviction that the unpopularity of the Army Medical Service is "unsatisfactory." It has taken some years of vehement representations to achieve this result, and it might very likely, have been some years still before it would have been achieved, but for the imminence of war, the ridiculous inadequacy of the medical service of the army, and the bidding of only 19 candidates for the 40 commissions offered to the profession. The *status quo* is vividly described by a military correspondent of one of the daily papers.

"There is no use concealing the fact further that Mr. Hardy is becoming convinced at last that the present system of unification has utterly collapsed, and that to hope for an improvement to manifest itself in the condition of the Army Medical Service under the existing regulations is to hope for a thing which it is out of all reason to expect. The Duke of Cambridge is known to have been for a length of time at variance with Sir William Muir, the Director-General, and other officers of that worthy gentleman's staff, as his Royal Highness is simply disgusted—to use a strong but appropriate term—with the way in which matters have been carried on by the officials in Whitehall Yard. People, therefore, are beginning to ask themselves what the upshot will be of the present difficulty. Medical candidates cannot be obtained to fill vacancies in the department for love or money, as the professors at all the medical schools make a point of cautioning those under their instruction against allowing themselves to be tempted by the bait offered as an inducement to them to accept service. Sir William Muir and his subordinates certainly have earned a most unenviable reputation for themselves, and I see no hope for them, now that the knell of unification has been so unmistakably struck by the result of the recent entrance examination, following closely as that defeat has done upon the very disgraceful disclosures in connection with the death of the bugle-major of the 3rd Battalion Rifle Brigade at Woolwich. It may be reasonably anticipated that Sir William Muir will tender his resignation, which would, of course, be accepted, and other members of his staff might be expected to follow suit. Then comes the question, who will succeed to the Director-Generalship? Rumour names Surgeon-General C. A. Gordon, M.D., C.B., principal medical officer at Madras, who is admitted on all hands to be by far the ablest man Mr. Hardy has at command, and who is simply idolised in the service. So popular is Dr. Gordon, so straightforward in his dealings, and so professionally capable, that it is a regular fight among medical officers going to India to get posted in his Presidency, where all is contentment and perfect harmony. Dr. Gordon's appointment to Whitehall Yard would be the signal for an entire change of feeling among the members of the medical profession."

The Royal College of Surgeons in Ireland has again addressed a remonstrance to the authorities as follows:

To the Right Hon. Gathorne Hardy, M.P., *Her Majesty's Secretary of State for War.—*

The Memorial of the President, Vice-President, and Council of the Royal College of Surgeons in Ireland,

Humbly Sheweth—That your memorialists, upon the 3rd of June, 1875, officially expressed to Her Majesty's Government their conviction that, unless active steps were taken to amend the condition of the Army Medical Department, "serious public inconvenience would be felt in consequence of there being a deficiency of properly educated surgeons for the service of the army," a state of things which your memorialists regret to learn has come to pass.

Your memorialists beg to state that, in pursuance of charters granted to them by Her Most Gracious Majesty, and Her Royal predecessors, they have "provided a sufficient number of properly educated surgeons for the army;" but your memorialists find that, with hardly an exception, these gentleman will not take service in the medical department as at present organised.

Your memorialists, therefore, feel that they would be deficient in their duty to the Crown, and to the public, were they not to call your attention to these facts, and again urge Her Majesty's Government to take such measures as will tend to restore the army medical service to its former position in professional estimation and public favour.

(Signed), Robert MacDonnell, *President.*
Philip Crampton Smyly, *Vice-President.*
J. Stannus Hughes, *Secretary.*

Royal College of Surgeons in Ireland,
Dublin, March 5th, 1878.

THE COMING MEDICAL REFORM.

The *Medical Times and Gazette* says:

The Bill differs in several important respects, more especially with reference to the Conjoint Scheme, to what is called the means of securing uniformity of qualification, and to the admission of women, from the measure described by us last week. Our statement was founded essentially on what we knew had been asked for as necessary requirements in the Act by the Medical Council; and we further knew that the Duke of Richmond had had interviews with the members of the Executive Committee representing the Medical Council, who had expressed their general satisfaction with the measures submitted to them. At whose suggestion these most important changes have been made, which certainly render the passing of the Bill in many respects undesirable, seems to require explanation. For it has been well said that the chief point required by the Medical Council—namely, the compulsory appointment of conjoint boards—has not received attention, while several points which the Council did not ask for, and probably will not be willing to accept, have been introduced into the Bill.

The *British Medical Journal* says:

It is not a little remarkable that this Bill should, in the course of a week or ten days, have undergone such serious changes in respect to some of its most important provisions; these changes, it must be observed, being not mere matters of detail, but important matters of principle. There is, of course, some Polonius behind the scenes; but it is not certain that he will answer the challenge to come out. The Duke of Richmond has been at great pains in this matter, and has done his best to satisfy opposing views; but we fear that the Bill, in its present state, will cause much disappointment, and even if the Government should succeed in passing it, will hardly be generally accepted as a final settlement of the question.

The *Medical Examiner* says:

The only definite compulsory provisions of the Bill are —first, that no practitioner shall in future be registrable unless he has obtained a diploma or certificate of proficiency both in medicine and surgery; secondly, that the control of the Medical Register, so far as the erasure or restoration of particular names is concerned, shall be entrusted to a committee of five instead of to the Medical Council at large; and thirdly, that unregistered persons shall be prohibited from assuming any medical and surgical designation to which they are not entitled, and from signing certificates which are only valid when signed by registered practitioners. The permissive clauses are as follows:—The General Medical Council is to be *allowed* to admit to the register such foreign and colonial diplomas as it thinks fit to recognise; to make rules for regulating the conditions and the standard of the various examinations; and to legislate for the examination, licensing, and registration of dentists and of midwives. The various licensing bodies are to be *allowed* to open their examinations to women; to make new diplomas, entitling to registration, but not to any other rights in connection with their internal affairs; and to combine for the purpose of joint examinations. There are in addition one or two comparatively unimportant provisions which we need not here allude to.

The general character of the Bill is well expressed in the clauses relating to the admission of women to the profession. The Medical Council, if they take advantage of their permission to make more stringent rules for regulating the various medical examinations, are required to provide in these rules for the admission of women to these examinations. But the whole effect of this conditional requisition is stultified by the addition of the two provisos (1) that a medical authority who now is not bound to and does not examine women, shall not be obliged to do so; (2) that women shall not be compelled, if they object, to pass the same examination as men. The Duke of Richmond, it would appear, is as strongly opposed to compulsion as Sir John Falstaff, and he has thus produced a measure the provisions of which are, with one or two exceptions, obligatory upon no one. He has altogether disregarded the almost unanimous wishes of the profession with regard to the reform of the constitution of the Medical Council, and made it possible for those abuses of which we all complain to be increased in a very great degree. No fresh duties and responsibilities ought to have been imposed upon the Medical Council without at the same time making it more thoroughly representative of medical opinion. This single omission on the part of the present Bill is sufficient to render it unworthy of support. Every interest seems to have been consulted in it but that of the profession itself, and we cannot but complain that after so frequently asking for bread the Duke of Richmond offers us a stone.

The *Lancet* says:

We would not have believed it on any less authority than that of the Duke of Richmond that a Government would introduce a Medical Bill of over thirty clauses and stop short of compelling the examining bodies of the various divisions of the kingdom to join together to make a Conjoint Board for the kingdom. What is the use of legislation if it is not to compel that which everybody sees is the least that can be demanded, and which is certain not to be secured if the compulsory principle is not brought into action. The Duke of Richmond says that he hopes the Conjoint Scheme for England will be established before his Bill becomes law; and that there are provisions in his Bill under which the Scotch bodies *can* come in. But *will* they? or the Irish bodies either? What are the facts of the case? The facts are that they have had the power, the permission, to combine for the last twenty years. It is contained in the Bill of 1858. It is no use, as the Marquis of Ripon well pointed out, to merely repeat permissive legislation; to say the bodies can when we know they won't. We have had enough of this *can-ny* legislation. We want the work done now, and if the Duke of Richmond will not compel the creation of a Conjoint Board for examining and licensing the entrants into the profession, with a uniform severity, and at a uniform cost, he had far better leave the question alone. Another "permissive bill" will do distinct harm. It will do harm in this way. The Scotch and Irish bodies know that public opinion is in favour of a unification or consolidation of medical licensing bodies. We will venture to say that they have been expecting to be compelled to this measure. If a strong Government hesitates to compel them they will gather courage from its hesitation, and will take it as a new lease for twenty more years to remain as they are. Not only does the Bill not compel the bodies to form Conjoint Boards, but it is doubtful whether, in the event of their doing so voluntarily, each body will not still be at liberty to continue to grant its own individual diploma, entitling to registration. If so, we shall have under the Bill not nineteen examining bodies, but twenty or twenty-one or two.

The *Medical Press* says :

At length the Government Bill for the remedy of all the medico-educational diseases of the profession, and for the saving of the sick public from the incompetency of diploma-bought doctors, has seen the light, and we know exactly how much and how little of real earnest effort to amend the abuses of our profession is to be expected from the Ministry. We have the Bill before us, and before expressing any opinion upon its provisions, we shall endeavour to give our readers such an epitome as may enable them to judge for themselves. It aims at achieving seven distinct purposes :—

1. To enforce double qualification as an essential of registration.
2. To admit colonial and foreign practitioners to registration in a separate division of the register.
3. To authorise and cause the Medical Council to frame "examination rules," with the view of ensuring competency of practitioners, and to see that such rules are acted upon uniformly by all medical licensing bodies.
4. To enable licensing bodies to combine in a conjoint examination, subject always to these "examination rules."
5. To amend the "quacks" section of the Medical Act, so as to facilitate prosecution and conviction.
6. To register dentists and provide for a general dental diploma.
7. To register midwives.

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In the succeeding sections of his Bill, the Duke of Richmond deals with the question which is nearest the heart of the profession, and attempts to provide for the third purpose of his measure—*i.e.*, uniformity in the tests of competency to practise medicine. It is not surprising that medical men should entertain strong opinions on the subject. For twenty years the profession suffered from the discomforts of competition with grossly incompetent persons who were enabled by the corrupt connivance of licensing bodies to practise upon the credulity of the public. At length, after much deferred hope, and many promises of amendment, the Medical Act of 1858 became law, and the General Medical Council was created. Alas ! the last state of the profession was worse than the first. Tantalised by the phantom of medical reform, and baffled by the indifference and *insouciance* of a conclave, which was less capable of reform and improvement than the licensing bodies which it was created to reform and improve, the profession has for another twenty years waited for a government strong enough to deal with the vested interests which neglect and greed had created. A ministry has at length been found with sufficient command of public feeling to venture upon the contest, and the result of its deliberations is before us.

Fourthly, the bill amends the quacks' section of the Medical Act with the purpose of making the prosecution of unlicensed practitioners more facile. The section seems to be extremely comprehensive, and we give it as fully as possible :—

22. If a person who for gain either practises medicine or surgery, or a branch of medicine or surgery, or is engaged in the cure or treatment of diseases or injuries, and is not for the time being registered in the medical register, takes or uses the designation of any qualification or medical diploma which entitles a person to be so registered, (including any recognised medical diploma granted in a British possession or foreign country), or the designation of licentiate in or professor of medicine and surgery or medicine or surgery or a branch of medicine or surgery, or the designation of physician, surgeon, apothecary, or doctor, or any designation used to distinguish registered practitioners of medicine or surgery or of a branch of medicine or surgery, or any designation implying that he has obtained a qualifying certificate under this Act, or is registered or entitled to be registered in the medical register, or is duly qualified to practise medicine or surgery or a branch of medicine or surgery, he shall for every such offence be liable . . . to a fine not exceeding twenty pounds. If a person who for gain either practises medicine or surgery, or a branch of medicine or surgery, or is engaged in the cure or treatment of diseases or injuries, wilfully takes or uses any of the above-mentioned designations to which he is not entitled, he shall for every such offence be liable on summary conviction to a fine not exceeding twenty pounds.

If a person not . . . registered . . . gives any certificate which, under the Medical Act 1858 is invalid unless signed by a person so registered, he shall be liable . . . to a fine not exceeding twenty pounds.

The fifth purpose of the bill is to register dentists—a subject of which our readers have recently heard much. Section 23 provides that the Medical Council *may* submit to the Privy Council a scheme for licensing of dentists "and the examinations in connection with such scheme" may be conducted by any medical authority *who consents thereto*. A dentist's register is also provided.

Such is the reform promised by the Government, and we conclude our analysis of it with a feeling of disappointment. We do not expect Ministers or Parliament to look at these subjects from a professional standpoint, or to frame their proposals specially to meet the desires of the class whose interests are involved ; but looking at the reform of the system of medical education and qualification from a purely public aspect, we experience no relief from the disappointment which our observation of the measure with a medical eye has impressed upon us. The Duke of Richmond had better have refrained altogether from the attempt to reform the profession if he did not feel in him the courage to do that which any medical man could have told him needed urgently to be done. Manifestly he has learned and appreciated the wants of medical qualification ; obviously he was conscious that the avarice of competing corporations had operated disastrously against the public interest, and that the Medical Council —in its twenty years of life—had shown itself constitutionally incapable of any earnest or honest effort to mend matters. Nevertheless, he has displayed a lamentable want of the courage of his convictions, has flinched from the contest with vested interests, has fled for very fear of the opposition of the Scotch and other low class colleges, and has humiliated himself to propose a weak compromise with powers over which he should have shown himself master. The miserable policy behind which the Medical Council has been playing hide and seek for nearly twenty years, the *permissive* authority to that pusillanimous tribunal to *recommend* something to a licensing body which that body will not have the least notion of adopting as long as there is money to be made by adherence to the old system ; such is the outcome of all the noble Duke's promises, and the realisation of all the hopes of the profession.

The Bill is to be debated by the Medical Council in another fortnight, and, will, no doubt, meet with their warm approval. It is, indeed, a measure after their own mind, constructed upon the policy of masterly inactivity which animates that conclave, and so will be accepted as a blessed reprieve of the representatives (! !) of the profession, who may have apprehended disestablishment and disendowment. We trust that the voice of the profession will be heard outside the Council, with no uncertain sound, that such a reform as may abolish the competition in diplomas, and thus, provide for the competency of all future practitioners in our art, will be demanded with the whole influence of medical men throughout the country and, if the minister cannot be found capable of dealing with the existing abuses of medical education, let us, at least, not suffer the chagrin of entering upon another twenty years of hopeless dependence on the Medical Council.

THE COLLEGE OF PHYSICIANS AND MEDICAL WOMEN.

The *Lancet* says:

The position taken by the Fellows of the Royal College of Physicians in deciding not to grant their licence to practise physic to women is both clear and intelligible. They were careful to show that they do not so much oppose the creation of medical women, as they are unwilling to lend any assistance to, or to co-operate with, those who are anxious to introduce women into the medical profession. Above all, they do not wish to make women constituents of the College.

Sir Joseph Fayrer made an important explanation, which demolishes one of the arguments on which the advocates of medical women have been wont to rely. It had been said that medical women were needed because medical men were denied access in their professional calling to women in India. This was contrary to his experience. He had never had any difficulty in entering the zenanas when real sickness existed. Medical men were, with few exceptions, admitted freely everywhere in India. The contrary opinion at present prevalent in the public mind was of purely English origin.

The *Medical Times and Gazette* says:

The question really before the College was, in dimensions, a very narrow one, and may be put in a very few words. The Fellows believe that women are making a grievous mistake in desiring to become practitioners of medicine; that it is a career eminently unsuited for them; and that entering on it, besides being of no benefit to themselves generally, will be of no gain to medicine, and will be bad for the public. Believing this—and it must not be forgotten that this is believed also by some, if not by most, of the few Fellows who support the Medical Women movement,—believing this, will it be right or honest for the Fellows to help them to make this great mistake (to give them a help which, be it remembered, they do not require), to tempt them further to enter on this career by offering them the licence of the College? The Fellows, by an immense majority, answered the question in the negative; and we hold that they answered rightly, and in a manner worthy of the high position that the College holds in the profession.

IN THE LABORATORY.

A NEW LECTURE EXPERIMENT ON PRUSSIC ACID.

A very simple method of showing that there is no free hydrocyanic acid in the kernels of peach, cherry, and plum stones, or bitter almonds, but that it is formed on heating the same with water, is taken from the *Polytechnisches Notizblatt*, by the *Boston Journal af Chemistry.* A long strip of Swedish filter-paper is soaked in tincture of gum guaiacum (1 to 20) and dried. It is next passed through a solution of sulphate of copper diluted 2,000 times, when the paper will not be changed at all in colour. A few freshly-pounded bitter almonds are put in a two-litre flask with water. On suspending in it the strip of test paper above described, the paper will remain white, but on pouring into the flask a single crushed bitter almond that has been *warmed* with water, the test paper will at once be coloured blue by the hydrocyanic acid generated in the flask, without bringing the paper in contact with the liquid. This experiment, unlike most of those which can be shown with hydrocyanic acid and its salts, is free from danger to the experimenter, and involving no risk or expense deserves the attention of teachers of chemistry.

DIALYSED IRON IN ARSENICAL POISONING.

The administration of dialysed iron as an antidote for arsenical poisoning, says R. V. Pattison, in *Phila. Med. Times*, should be followed immediately by a teaspoonful or more of common salt, thus insuring the formation of the ferric hydrate and the consequent neutralisation of the poison. This should at once be followed by an emetic, as the action of the ferric hydrate on the arsenic is not to coagulate it, but to form a perfectly definite chemical salt known as the arsenite of iron (ferric arsenite), which, though practically insoluble, is far from being harmless.

MATHER'S NIGRINE.

This is a new jet black marking ink. It differs from other marking fluids that we have seen in requiring no previous preparation of the fabric, or subsequent warming of the writing. It is also much more permanent. We have carefully tested it, and found it resist most ordinary chemical agents. We have boiled pieces of linen marked with it in strong solutions of ammonia, soda, bleaching powder, and cyanide of potassium, without the writing being affected in the slightest. Boiling it in even a strong solution of acetic acid, did not efface the writing, the colour only being turned to a rather greenish hue. The strong mineral acids, of course, effaced the inscription by destroying the fabric.

We can recommend this ink for domestic purposes, and may suggest that it will be found useful in writing labels for bottles, by medical men, chemists, and others, in cases where an ineffacable inscription is required.

MILK.

M. Bouchet has suggested to the Académie des Sciences the employment of Hayem and Nachet's apparatus for counting the red corpuscles in blood, to estimate the number of fat globules in human milk. From this enumeration, the density and quantity of butter can be approximately estimated, and, although imperfect, has a certain importance in the analysis of human milk particularly, this liquid being, as a rule, obtainable in very small quantities, and not in sufficient quantity to use for a regular analysis.

"NO STAR" BRANDY.

Since one of our *confrères* puffed into notoriety a certain description of mineral water, and a so-called wine, Hospital physicians generally, and editors of medical periodicals especially, have been inundated with applications for certificates of the purity and superiority of articles of every description in use from the cradle to the grave.

We have recently been favoured with a sample of an old Cognac Brandy, which the importers, Messrs. Smith and Hayles, of Great Tower Street, guarantee to supply pure and unadulterated, at a lower price than is generally charged for inferior qualities. This spécialité, while being called the "No Star," bids fair to attain a popularity equal to any brandy in the market at a much higher price.

JOTTINGS FROM JOURNALS.

Beef Tea.—Professor Pepper, in a lecture on typhoid fever, in the *Philadelphia Medical Times*, observes: "Indeed, as has been very thoroughly proven by Dr. Horace Hare in experiments made at the University laboratory, beef boiled in the good old-fashioned way in a bottle with water gives us a resulting solution which contains only about one-fourth of one per cent. of nourishing material. The beef-tea thus manufactured is chiefly a solution of the salts of meat, and is, therefore, not nutritive, and only valuable as a stimulant to digestion. But there is another way of making beef-tea, which gives better results. Take a quantity of tender meat, and, after cutting off the fat, chop it up fine, put it in a bowl, pour a pint of water over it, and let it stand over night. It may possibly be well to keep the water just on a simmer; do not raise the temperature above 140°, however, or you will coagulate all the albumen, and so either leave it on the sieve in straining, or introduce it into the stomach in the form of curds. After this simmering solution has been allowed to stand over night, pour it into a pipkin and heat it again gently, with enough salt to give it flavour, and, if necessary, add a drop or two of muriatic acid. Then pour it out over a hair sieve into a jar. The resulting solution will contain all the nutriment possible, and is the most valuable kind of stimulant and laxative."

Nervousness in the Male.—There is a form of cardiac and vasal irritability which is found in many nervous people, and which is most distressing. I have now a patient who never receives a guest, or even the best known visitor, without becoming pale, even white to faintness, and without having the most violent palpitations. Another never opens a letter without like symptoms. In such cases full doses of digitalis long kept up are most valuable, and are in many cases capable of helping to form a habit of insensibility to such influences when once we have succeeded in bringing the nutritive system into perfect condition. Ditigalis has, I think, no power to aid the other symptoms of general nervousness. It helps the vasal and cardiac troubles, but not the tremor, nor yet the mental symptoms, the indecision, the shyness, the timidity, the self-consciousness, as chloral does, at least for the time.—Dr. S. Weir Mitchell, in *Amer. Jour. of Dental Science*.

Nitrite of Amyl.—Dr. Jvan Ermesagem divides into four classes the diseases in which the nitrite of amyl may be used: 1. Syncope, coma characterised by weakness of cardiac innervation, anæmia, and the venous congestion of the cerebro-spinal centres; 2. Diseases characterised by vascular spasm; 3. Spasmodic affections of voluntary and involuntary muscles, diseases characterised by extreme elevation of temperature. It is contra-indicated in old people, and in those presenting any vascular or cardiac lesion.

Cure of Epilepsy.—Kunze thinks curare a remedy by means of which we may cure cases of epilepsy of long standing. He employs a solution of seven grains of curare in seventy-five minims of water, to which he adds two drops of hydrochloric acid. At intervals of about a week he injects beneath the skin eight drops of this solution, and in various cases in which convulsions had occurred for several years he obtained a complete cure after eight or ten injections.

NOTES, NEWS, AND GOSSIP.

A New Living Double Monster.—Heschl furnishes the description of an examination he has made at Vienna, of a living girl, seventeen years of age, who exhibits an example of a still rarer form of monstrosity than the Siamese Twins or the Two-headed Nightingale, inasmuch as in her case the formation, in place of the upper part of the body being double as in their cases, consists in a doubling of it only below the second lumbar vertebræ, the upper portion resembling that of a pleasing delicate girl of from ten to twelve years of age. The case is a specimen of Förster's *Dipygus tetrapus.*

Death of the Discoverer of Fœtal Auscultation.—The Count de Kergaredec, the first to apply auscultation to the detection of the fœtal heart in pregnancy, died lately in Paris at an advanced age. His son, in announcing his death to the French Academy, said: "Among his children who stood around his death-bed was that beloved daughter the beating of whose heart her father heard whilst she was still in her mother's womb."

The Phonograph.—At a late meeting of the Society of Telegraphic Engineers, three instruments were shown, one just arrived from America, constructed under the direction of Mr. Eddison, the inventor, and exhibited by Herr Puskas; a second made by an amateur, Mr. Pidgeon, of Putney; and a third by Mr. Stroh. The instrument consists essentially of a cylinder, on which a spiral groove is cut. This cylinder is covered with tin-foil. A vibrating disc about the size of a telephone plate has a needle at the back, which is placed in contact with the foil, and as the voice is spoken on to the disc, and the cylinder is rotated, shifting along so as to keep the spiral groove under the needle point, a series of dots are made. When, after the voice ceases, the cylinder is brought back to the starting-point, the needle, pressing against the foil, follows the depressions, and so throws the plate attached to it into vibration. These vibrations, being necessarily the same as those imparted to the disc, reproduce the sounds. In the case of Mr. Eddison's instrument the same disc was used for speaking on to and for reproducing the sounds, and the words were heard repeated with marvellous distinctness. A heavy driving-wheel is here employed to keep the revolutions steady. In Mr. Stroh's instrument clockwork is used to move the cylinder, which ensures an even movement; here the same disc is used for speaking on to and repeating. Mr. Pidgeon uses a parchment disc for repeating.

"Gallium."—Professor Odling, in a lecture delivered last month at the Royal Institution, remarked that, within the last twenty years, five new metallic elements have been discovered, being at the average rate of one new element every four years; while some evidence of the identification also of yet a sixth new metallic element has recently been put on record. But the latest known of the fully made out new elements is gallium, which was first recognised by M. Lecoq de Boisbaudran in the autumn of the year 1875, and so named by him in honour of the land of its discovery, France. Like its four predecessors made known within the last twenty years, gallium was discovered by the process of spectrum analysis, applied in this instance in a special manner contrived by the ingenuity of M. de Boisbaudran himself, long eminent as a spectroscopist. The spectrum of gallium is characterised by two marked violet lines, the less refrangible of them being especially brilliant.

DEATHS.

Adam.—On March 11, at Boston, Lincolnshire, Marion, the beloved wife of A. Mercer Adam, M.D., aged 45.

Andrews.—On Feb. 29, at Walton Park, Walton, Liverpool, George Andrews, L.R.C.P.L., M.R.C.S.E., L.S.A., aged 33.

Bagg.—On March 13, at Priors Marston, Warwickshire, G. Wm. Bagg, M.R.C.S., aged 58.

Cameron.—On March 1, at West Kilbride, James Cameron, L.R.C.S.Ed., of Methven.

Clancy.—On Feb. 21, at Mitchelstown, co. Cork, Thomas Clancy, M.D.

Coward.—On Feb. 25, at Church Road, De Beauvoir Square, George William Henry Coward, L.R.C.P.Ed., aged 67.

Corbett.—On March 6, at 8 Lansdowne Road, Dublin, J. Henry Corbett, M.D., late Professor and Examiner in the Queen's University.

Crichton.—On March 3, at Sonachan, Lochawe, Argyllshire, N.B., Charles Crichton, Surgeon, aged 78.

Curran.—On March 8, at Mansfield, Notts, J. W. Curran, L.K.Q.C.P.

Dill.—On Feb. 14, at Manchester, John Dill, M.D., aged 54.

Dobbie.—On Feb. 26, at Morton Villa, Dumfries, James Dobbie, M.D., F.F.P.S., of Great Kelvin Terrace, Glasgow.

Donaldson.—On Feb. 23, at Newmarket, co. Cork, Ebenezer Donaldson, M.D., aged 68.

Everest.—On Feb. 28, at Rainham, Kent, of pleurisy, William Bentham Everest, M.R.C.S.E., aged 84.

Gurdon.—On Feb. 3, at Hadleigh, Suffolk, Theophilus Goate Gurdon, M.R.C.S.E., aged 64.

Jack.—On Feb. 24, at Glasgow, John Jack, M.D., aged 31.

Lloyd.—On Feb. 14, at Llangefni, John Hughes Lloyd, M.D., aged 64.

Miller.—On Feb. 11, at Hulme, Manchester, Charles Miller, L.R.C.S., aged 75.

Monck.—On Feb. 15, at Hucknall, Notts, Charles Edward Beresford Monck, L.R.C.S.I., aged 38.

Mungall.—On Feb. 21, at Foulford House, Cowdenheath, Fifeshire, Robert Mungall, M.D.

Murray.—On March 6, at Kersknowe, Roxburghshire, John Murray, M.D., aged 75.

McBride.—On March 7, at Newry, co. Down, Ann Eliza, wife of Andrew McBride, M.D., aged 36.

Nairne.—On Feb. 22, at Kennington Road, Charles Nairne, M.R.C.S., aged 73.

Neary.—On March 1, at Howth, co. Dublin, Kate Elizabeth, the beloved wife of Dr. B. J. Neary.

Osbaldeston.—On March 3, at Hatfield, Herts, Thomas Osbaldeston, L.S.A.L., aged 82.

Rimington.—On Feb. 21, at Hastings, William Ballantine Rimington, Surgeon, aged 68.

Rivers.—On March 4, at Ipswich, Robert Rivers, M.R.C.S.E., aged 65.

Swain.—On Feb. 23, at her residence, Devonport, Harriett, wife of Wm. Paul Swain, F.R.C.S.

Thomas.—On Feb. 12, at Horton, Yorkshire, Abraham Thomas, L.S.A., aged 79.

Thomson.—On Feb. 5, at Glasgow, Thomas Thomson, L.R.C.S.Ed., aged 71.

Whitfield.—On Feb. 28, at his residence, Eastbourne, A. Whitfield, M.R.C.S., aged 43.

THE DOCTOR.

LONDON, MAY 1, 1878.

Multum in parvo.

THE MEDICAL REFORM CRISIS AND THE COUNCIL.

THE General Medical Council has held its sitting and communicated with the Government. We are told that this is a crisis in medical reform of more importance than any which has occurred for twenty years. We shall not be sorry if the prophets prove correct, but as we have long been accustomed to such vaticinations, and seldom found them realised, we may as well confess that our hopes are not very extensive, and we shall not be at all surprised if nothing comes of the Government Bill, which is again to be brought before the House of Lords on the 20th of May. If it gets through the Peers it will still have to run the gauntlet of the Commons; and considering the pressure of public business, and the opposition of interested corporations, it is not unlikely to be dropped. Nevertheless, a few words may not be wasted in summing up the position of the crisis. The Bill has not obtained the approval of the Medical Council. That body has deliberately resolved that a permissive measure will be useless, and has pronounced in favour of a Conjoint Board for each division of the kingdom. Most reformers will admit that to have only three licensing bodies in place of nineteen, would be an improvement. Uniformity of standard could be really secured by efficient action on the part of the Medical Council, and thus we should approach the goal to which we look—a single entrance examination for all medical men. Only corporate interests prevented this being long since accomplished. If the Medical Council had been worthy of its position, it might long ago have been entrusted with the power of appointing a single board of examiners for the whole Empire, and then the universities and colleges would have directed their attention to the higher education. The incompetence and selfishness of the council, and its development of all the vices of the corporations, sufficed to prevent this, and to raise the cry for a State examination, the fear of which seems to have been the motive which has caused the proposal for compulsory Conjoint Schemes to be accepted. Even yet a strong Government would do service to the public and the profession by insisting on a complete settlement, such as a single board can alone be considered. If Conservatism consists in keeping up worn-out institutions, it is no wonder that so little should be attempted, and medical reformers will be driven to the other political party in the hope that the corporations will be by them disestablished. A singular freak of the Council may be noticed. It seems willing to undertake the establishment of an examining board for women, but has not the courage to do the same for men. The reason is that the Council represents the corporations, but not the profession. If it would get itself reformed so as to bring it in harmony with the profession it might do all that is required. This is not to be done by the addition of members elected by the profession at large, but by every member of the Council being elected—not by the committee of his corporation—but by the votes of those who hold its medical diploma.

CHRONICLE.

THE TELEGRAPHIC DISEASE.

ONIMUS (*Courrier Médical*) calls attention to this disease, somewhat analogous to, but much more severe than, writer's cramp. Morse's instrument is blamed for causing the greatest number of cases, probably because of the extremely close attention required in using it to avoid errors. The symptoms are chiefly palpitation, over-excitement, vertigo, insomnia, sometimes weakening of the sight, and a sensation of constriction at the nape of the neck. The over excitement is succeeded by depression, sadness, and entire loss of tone. The patient loses memory, and insanity even may follow. The symptoms are more readily produced in women than in men.

THE DRESSING OF WOUNDS.

M. LEON LE FORT, in a discussion at the Academy of Medicine, attacks the germ theory of Pasteur as applied to the production of septicæmia, only admitting that it could account for one form of it—putrid infection, other mortal cases dying in three or four days; in those suffering from alcoholism, or whose limbs have been crushed in railway accidents, he looks on the septicæmia as caused by general shock to the system. Nor does he believe that we can attribute to the action of germs cases of infection of blood arising in puerperal women, nor after amputations, cases characterised by severe shivering about the eighth day, stoppage of purulent secretion, and all the phenomena of pyæmia. He mentions the dangers of operations on the rectum and erectile tissues, from the veins easily absorbing pus, having nothing to do with germs. He also attacks Lister's method of dressing wounds, attributing all the good effects produced by it to the astringent lotions used which prevent vessels remaining open, and so prevent purulent absorption, and points out the importance of immediate union of wounds because it prevents this absorption. He claims to have had the same results with Lister's solutions without all the details required by the latter.

He insists upon the most absolute cleanliness in hospitals, holding that contagion is the great cause of hospital mortality. He proscribes in his wards the use of sponges, wadding, compresses, or charpie, or when he has to use compresses he moistens them in water containing camphorated spirits, he washes wounds at a distance by the aid of an apparatus for the purpose; he never touches two patients without washing his hands carefully after each dressing. The instruments are always cleaned with extreme care every time they are used.

URÆMIC CONVULSIONS IN ALBUMINURIA.

MONOD (*La France Médicale*) gives cases of this kind, simulating epilepsy, and points out the great importance of examining the urine of adults seized for the first time in the midst of apparent good health—though subsequent inquiry generally shows that there has been some derangement of health for a few months previously—with epileptiform or apopleptic attacks, such being often due to uræmia.

RHEUMATISMAL TETANUS CURED BY PROLONGED BATHS.

Ferrol (*La France Médicale*) mentions a case cured by this means, when chloral and other means had failed. The patient, a soldier, sat in the water for six hours, and came out of it as supple as a glove. The temperature of the water was 35° C. (95° F.) He also quotes a case of *traumatic* tetanus cured in the same manner.

SIMPLE ULCER OF THE STOMACH TREATED BY CHLORAL HYDRATE.

Hertka of Buda Pesth (*L'Abeille Médicale*) treated a severe case with success. He gave Carlsbad water with it, to facilitate the decomposition of the chloral. The dose should be about 5 grains every two hours, so that 30 grains be given daily in a solution of 1 in 45, or weaker.

CONDUCT OF THE SURGEON IN CASES OF MUTILATION OF THE HAND.

Prof. Verneuil (*Courrier Médical*) says, when you have to treat a patient suffering from a hand crushed in any way whatever, take as an absolute rule to cut away nothing, to regulate nothing with the bistoury. He gives the reasons for this, first, that parts which it would appear necessary to cut away, at first regain their shape and usefulness; and secondly, that operations performed two or three months after, when the parts are in a state of absolute calm, give much better results.

EXOPHTHALMIC GOITRE CURED BY GALVANISATION OF THE SYMPATHETIC TRUNK OF THE NECK.

Ancona (*Giornale Veneto delle Scienze Mediche*), reports a case of this kind. Stöhrer's machine (10 elements) was used during from three to five minutes daily. The cure was effected in five months.

ERGOT OF RYE.

Labarde (*Mouvement Médical*) points out the importance of giving injections of extract *near* the part it is desired to affect, the desired effect being produced much more quickly.

METALLOSCOPY.

Charcot has studied the subject (which was mentioned recently in The Doctor), and meets the objection raised by English physicians to the effect that the application of metals to the skin is only useful in hysterical cases, and only in them acts because they expect that an effect is to be produced, by pointing out, firstly, that even in patients who know nothing about it, there is always an affinity for some one metal; and, secondly, that in cases of hysterical cerebral hemianæsthesia the amblyopia (which always accompanies cerebral hemianæsthesia) is relieved by the application of metals, and while the prismatic colours always fade away as the disease progresses in a given order, viz., violet, green, red, orange, yellow, and blue, the application of the metal suitable to the individual brings back the colours in the reverse order to that in which they disappeared, the blue appearing first, and the violet last. This cannot by any possibility be a matter of imagination in patients ignorant of such matters.

SUBCUTANEOUS INJECTIONS OF ATROPINE IN EPILEPSY AND ECLAMPSIA.

Professor Demme (*Jahrbuch der Kinderheilkunde*) speaks of this as succeeding when other modes of treatment have failed. In five cases of epilepsy, two were completely cured, two improved. Of four cases of eclampsia, three were cured, and one died of intercurrent pneumonia. The daily dose was, to begin with, one milligramme of the sulphate, which, in severe cases, was raised to two milligrammes (1-33rd grain) twice a day.

GUAIACUM IN SORE THROAT.

Dr. **Frikzinger**, in the *Philadelphia Reporter*, commends guaiacum in all forms of sore throat. He says:—

By contact guaiacum has the quality of causing the viscid secretions to become more consistent, and thus facilitate their removal, either by expulsive efforts of the patient or by gargles. Athough this primary action locally is most unquestionably highly beneficial, it is owing to its secondary physiological effect upon the engorged capillaries, ramifying in the body of the gland, that the resolution is immediately accomplished. It is unquestionably owing to these peculiar properties of coagulative astringency locally, and the tonic action upon the walls of the over-distended capillaries, giving them force to expel the superabundant blood they contain, that gives guaiacum its specific virtues in curing quinsy.

As there is thirst and fever, and dryness and burning of the throat, the addition of nitre and potas. chlor. will meet the indications, and will modify the formula so as to be more agreeable for the patient. The following is a combination that has been used quite extensively for several years, and will be found as agreeable to take as any:—

℞. Potass. chlor., ʒj;
Spts. æth. nit., ʒiv;
Tr. guaiac. ʒvj;
Syr. aurant. cort., ʒvj.

Sig.—A teaspoonful every two hours, in water.

This should be taken in about a teaspoonful of water, or a sufficient quantity to allow the warming and constringent effect of the guaiac to be felt in the act of swallowing, and it is desirable that this should be done slowly. In case the bowels should move too freely the dose should be diminished, and as the disease ameliorates it should be administered at longer intervals.

If there is permanent enlargement, of not too long standing, the application of a solution of tannin in tincture of iodine and glycerine, applied to the gland, with a course of guaiacum internally, will prove of good service.

INCARCERATION OF THE EPIGLOTTIS, AS A LITTLE-KNOWN FACTOR IN THE MECHANISM OF SUFFOCATION IN FATAL CASES OF SPASM OF THE LARYNX (LARYNGISMUS STRIDULUS) IN CHILDREN.

Dr. J. Solis Cohen communicates two cases to the *Philadelphia Reporter*, in which this incarceration was the immediate cause of death, and, he believes, may have been the cause of death in other cases.

The first occurred in the summer of 1867, a scrofulous male infant, between two and three years of age, with protracted laryngismus stridulus; the suffocative paroxysms, as described by the mother, being unusually intense. On one occasion, an intense paroxysm occurred in his presence, and as it failed to yield to cold water dashed upon the face and neck, or to ammonia held in front of the nostrils, he plunged his forefinger deep into the child's throat, and felt the epiglottis so forcibly drawn down by the spasmodic action of the aryteno-epiglottic muscles, that its free edge had become wedged between the posterior face of the larynx and the wall of the pharynx, occluding the larynx completely. Carrying the finger to the left side of the larynx, he found it comparatively easy to free the epiglottis from its incarcerated position; and with the ensuing deep inspiration of air, the impending asphyxia was averted. The nature of the difficulty was explained to the mother, who was instructed in the manipulation necessary to overcome it. The constitutional remedies and other measures instituted in the hope of subduing the disposition to spasm were unavailing; and the child finally died, some weeks later, in a paroxysm similar to the one described.

The second case occurred during the spring of 1877, in a scrofulous male infant, nineteen months of age. The opportunity of verifying the same sort of incarceration of the epiglottis from spasmodic action, was afforded on several occasions, one of which was in the presence of an esteemed colleague during a consultation held as to the propriety of performing tracheotomy, in view of the frequent recurrence of the paroxysms. Unfortunately, it was determined to defer the decision for twenty-four hours, in order to test the efficacy of large doses of bromide of potassium; and shortly before the early hour fixed for the visit on the following morning, the child died in a paroxysm which the mother was unable to overcome by manipulation, although she had previously succeeded in elevating the epiglottis in several paroxysms.

Dr. Cohen is inclined to believe, therefore, that the spasm of laryngismus affects the aryteno-epiglottic muscles, in some instances at least, as well as those muscles which close the glottis; and that the incarceration of the epiglottis continuing after relaxation of the spasm, may be an immediate cause of death, and that in undoubted cases of this kind, tracheotomy may be absolutely indicated, as necessary to avert asphyxia in a recurring paroxysm of spasm.

CÆSAREAN SECTION.

The *Clinic* (Cincinnatti, Feb. 23, 1878) is chiefly occupied with a report of a case operated on by Dr. G. E. Walton, Cincinnatti, and of the discussion on it at the Cincinnatti Academy of Medicine. The patient was a young delicate girl, who had suffered from hip-joint disease, and was living in poverty and dirt. The entire right pelvic wall had "assumed an almost upright line, no doubt due to ossific deposit." The left side was normal. The ant. post. diameter was about 2½ in., the transverse 3½ in. Previous to the commencement of labour several medical men advised Cæsarean section, or embryotomy. Feb. 14, the second stage of labour was progressing; child alive; and as no advance resulted Elliot's forceps were applied, but slipped. This accident recurred on re-application, without any advance being effected. Cæsarean section was then decided on, and carried out in the presence of several medical men (at the patient's home). Ether was administered, and the operation was carried out under the carbolic spray, and with full antiseptic precautions. There was no difficulty until the incision through the uterine wall, when free hæmorrhage occurred. This was controlled, and the child removed alive. The uterus did not contract firmly for some time. A silver suture was inserted into the uterine walls The wound was dressed with "sheet cotton" soaked in carbolic solution (1 to 40), as antiseptic gauze "could not be had in the city." The operation lasted twenty minutes, and at its termination the patient was in a state of extreme collapse, and not expected to rally. She improved for some days; on the fourth day a bed-sore was formed; on the eighth some of the abdominal sutures gave way, and the wound was found to be gaping, but matters were much improved on the ninth. Diarrhœa set in on the eleventh day, and the patient died on the fifteenth, "evidently from exhaustion." *Post-mortem* examination was prevented. The patient was badly nursed, as might have been expected; her removal to hospital was objected to.

Dr. W. in commenting on the case defends the use of uterine sutures when the uterine wound does not close, the evacuation of "the waters" before operating, the performing the operation immediately when "labour is fully commenced," and referred approvingly to gastro-elytrotomy. He strongly advocated the more frequent performance of Cæsarean section, quoting figures to show the high maternal mortality in craniotomy, in addition to the necessary destruction of the child. Summing up, he says (*a*) "Cæsarean section should be resorted to in all cases where the ant. post. diameter of the sup. strait is 2½ in. or under, and gestation has advanced to the ninth month." (*b*) "Craniotomy should be discouraged, and its use restricted to the narrowest possible limits."

DR. BUCKNILL ON INSANITY IN RELATION TO THE STATE.

Last month, Dr. Bucknill delivered at the Royal College of Physicians of London, three lectures on insanity in its relation to the state. The subject, said the lecturer, was one of great importance to the general practitioner who was liable to be called upon to give his opinion in the witness box; besides which, his peculiar position as the family medical man gave him an advantage over the expert, inasmuch as he had the opportunity of seeing and treating the incipient lunatic at an early and more remediable period of his disease. It was very difficult, however, to say what insanity is, and what it is not, and the difference of opinion among lawyers and physicians, as to the proper definition of the term "insanity," arose from the fact that the two professions looked at the subject in very different lights, the physician looking chiefly at the causes, the symptoms, and the treatment of insanity, while the lawyer had, in his definition, to regard the question of the actual existence or not of the disease, and the conduct of the supposed lunatic. In all such questions there should be a compromise between the two professions, each borrowing from each other's peculiar department of knowledge, whatever facts threw most light upon any particular case. A contrast was then drawn between our past and present knowledge of insanity, but whereas formerly, as in the time of Willis, our knowledge was very gross and imperfect, so that the above physician divided all states of insanity into the *high* state and the *low* state, there was now a vicious tendency to refine too much, and to multiply unnecessarily the different forms of the disease. This error, said Dr. Bucknill, arose from the habit of indulging too much in hypotheses, of admitting such terms as "the insane neurosis," and of extending the meaning of insanity beyond its legitimate limits. When the profession did this, it was only right for the lawyers to step in and interfere.

In reference to another subject, the lecturer remarked that the question of capital punishment had very much influenced the decision of professional witnesses with regard to the responsibility of criminals, although, it was clear that medical witnesses had nothing to do with the kind of punishment that would be inflicted upon the criminal if found guilty. With regard to the law of insanity in questions of criminal responsibility, the guilt or innocence of the prisoner was made to turn, upon whether the prisoner at the time of his committing the crime knew right from wrong. But, as Dr. Bucknill long ago insisted, criminal responsibility depended more upon the power than upon the knowledge of the criminal; and for some time this legal definition of insanity has given much dissatisfaction even to some of our most eminent legal authorities. Lord Chief Justice Bramwell was satisfied with it in a logical point of view, but in actual practice found that it did not embrace those concrete cases that came before him for judgment. Lord Chief Justice Blackburn also acknowledged the great difficulty there was in making a satisfactory legal definition of insanity, and in the case of a woman who had murdered her infant during a fit of temporary insanity, he directed the jury in her favour, on the grounds that although she did know what she was about, the crime was evidently committed under an uncontrollable impulse. The lecturer dwelt at some length upon the law as amended by Sir Fitzjames Stephens, according to which the question of criminal responsibility depended upon *whether the criminal was, from a diseased state of his mind, prevented from controlling his own conduct.* Further, attention was drawn to the difference between our knowledge of the morbid anatomy of insanity, and that of the true pathology and practical diagnosis and treatment of insanity. The former was certainly only in its infancy, but much had been done to extend our knowledge of that rational pathology upon which we base our judgment with regard to the existence, the nature, and the causes of the disease. It is, moreover, to be regretted that owing to absence of inquiry on the part of prison authorities, and others, and to want of funds, there is often a miscarriage of justice, and that as Lord Godolphin Osborne once said, a large number of criminal lunatics have been found guilty, and have suffered the extreme penalty of the law, while on the other hand, many perfectly sane criminals have been released on the plea of insanity.

CHLORATE OF POTASH IN CATARRH OF THE BLADDER.

PROF. G. EDLEFSEN, of Kiel, publishes in the *Deutsch. Archiv. Klin. Med*, xix., 1, 1877, an essay on the treatment of catarrh of the bladder by chlorate of potash. The view lately advanced that the best method of treating cystitis, even acute cases of it, consists in the introduction into the bladder, through the urethra, of water or medicated fluids, is not in accordance with his observation. The remedy he recommends is chlorate of potash, which never damages the stomach or any other organ, and substitutes turpentine perfectly in cases where turpentine cannot be given.

That the chloric acid salts, when administered internally, pass into the urine, was demonstrated in 1856 by Lambert. The value of the chlorate of potash in affections of the mouth and pharynx leads the author to their administration in affections of the bladder, the epithelium being in both cases alike of the pavement variety. The action of this remedy seems confined to this variety, as it has no effect upon the trachea or bronchial tubes. Its action is not to be explained by simple contraction of the muscular coat of the vessels, as it not only reduces the hyperæmia and catarrh, but also closes ulcers over quickly as if it exercised a specific action in the reproduction of epithelium. The author's results were extraordinary, still there are cases in which he failed with it, and was compelled to resort to turpentine and copaiba. He orders for adults usually: Potass., chlorat. 15.0, aqua dist., 300·0, of which a tablespoonful every two or three hours. He lays stress upon the prescription because it is necessary to bring the patient under the influence of the remedy quickly. Should the taste of the drug after long administration become insipid or sickening, it may be corrected by using cherry laurel as a vehicle (10·0—300·0); any syrup should be avoided. The pus begins to disappear from the urine after its use very quickly—an important difference from the action of salicylic acid—and the subjective distress is lessened or disappears even before the pus has entirely vanished.

THE WEIGHTS AND MEASURES BILL.

THIS Bill has undergone the ordeal of consideration by a Select Committee of the House, from which it has come in a somewhat modified form. The alterations are not very extensive, but one of them will require the serious attention of chemists and druggists. The *Pharmaceutical Journal* says—"On a former occasion it was stated that clause 20 of the Bill, apparently in deference to the wish of the Council of the Pharmaceutical Society, made it permissive to use the 'apothecaries' weight' when selling drugs by retail; but it was also pointed out that no provision was made for a scruple or a drachm standard, although to be in possession of a weight not of the denomination of some Board of Trade standard was to render a person liable to a fine of five pounds. The Select Committee has removed the inconsistency by removing the permission to use apothecaries' weight, and in doing so has so far decided that henceforth to sell a drug by the apothecaries' drachm or scruple shall be deemed an offence."

The Bill is now set down for consideration in Committee of the whole House on the 9th of May. "It may be remarked (says that *Journal*) that should the Bill pass in its present form not only will it be illegal to use or even to be in possession of an apothecaries' drachm or scruple weight, but it will be an offence to print any return, price list, or price current in which such weights are quoted, the offence being punishable by a fine not exceeding ten shillings for every copy of such price list or price current published."

HOWARD'S METHOD OF ARTIFICIAL RESPIRATION.

As Dr. B. Howard, during the month, has been giving demonstrations in London, an account of his method will interest our readers:—

In order to dispose of accumulations in the stomach or chest, the patient, stripped to the waist, is turned face downwards, and a firm bolster being placed beneath the epigastrium, makes that the highest and the mouth the lowest point. Pressure being made on the back the object is accomplished by both ejection and drainage. The patient is quickly turned upon his back, the bolster placed beneath it, making again the epigastrium and the anterior margins of the costal cartilages the highest points of the body, the hips, shoulders, and occiput barely resting on the ground. The patient's wrists are seized, and, the utmost possible extension being secured with them, crossed behind his head, they are pinned to the ground with the left hand, so as to maintain it. With the right thumb and forefinger, armed with the corner of a dry handkerchief, the tip of the tongue is withdrawn and held out of the extreme right corner of the mouth. (The wrists and tongue may be confided to any aid.) In this position two-thirds of the entrance to the mouth is free. The epiglottis, by this backward curvature of the neck, is precluded from pressure by undue flexion. The head is dependent, the free margins of the costal cartilages are as prominent as they can be made. The epigastrium being the highest point, the diaphragm is neither embarrassed from pressure above nor from below. To produce respiration the operator kneels astride the patient's hips and rests the ball of each thumb upon the corresponding costo-xiphoid ligaments, the fingers falling naturally into the lower intercostal spaces. Resting his elbows against his sides, and using his knees as a pivot, the operator throws the whole weight of his body slowly and steadily forward until his mouth nearly touches the mouth of the patient, and, while one might slowly count one, two, three; then suddenly, by a final push, he springs back to his first position on his knees, remaining there while one might slowly count one, two; then repeat, and so on about eight or ten times a minute. The resiliency of the ribs insures an instant rebound to the point of departure. The operation can be practised by anybody, anywhere, before or after division of the funis; in a bath, bed, or boat; and friction, electricity, insufflation, or tracheotomy could be practised simultaneously without inconvenience.

LIQUOR BISMUTHI FOR NASAL CATARRH.

DR. Q. C. SMITH writes to the *Pacific Med. and S. J.* recommending for nasal catarrh liquor bismuthi and water, equal parts, applied one to three times a day, to nostrils, pharynx and naso-pharyngeal cavity, freely, with a spray producer. He has found this, during an experience of several months, to produce very satisfactory results. Sulpho-carbolate of zinc, in weak solution, as before published, he regards also as a very efficient remedy; applied in the same manner.

MIGRATION OF LEUCOCYTES IN MAN.

PROF. COLLIN, of the Val de Grace (*Le Progrès Médical*) gives the result of his studies on the migration of leucocytes in man, showing that clinical observations and pathology confirm in this respect experimental physiology.

It has been known for some years that, when a fine-coloured powder like carmine is injected into the vascular system of an animal, the white corpuscles seize on the small granules, envelope them, and carry them through the vessels. They can readily be followed through the circulation, and it is easy to show their passage through the walls of the vessels, and their extravasation into the cellular tissue. In malarial fever and the resulting melanæmia pigmented deposits are found in different tissues, particularly in those most in contact with the blood, such as the vascular walls. These deposits are derived first of all from the red blood corpuscles, which are destroyed in the spleen. The white corpuscles take up this débris of the red ones, and form with this the pigmented masses found in the walls of the vessels and different tissues. This migration is very active. In countries where malaria is common the yellowish earthy tint which is due to general pigmentation of the tissues, and consecutive to a migration of the white globules filled with pigment, sometimes appear after only two or three attacks of fever.

ACTION OF BROMIDE OF AMMONIUM.

Dr. **Louis Brechsman**, Jr., in the *Phil. Med. Times*, gives the account of some researches, from which the following conclusions are deduced from the experiments :—

1. The convulsions produced by poisonous doses of bromide of ammonium are spinal.
2. Bromide of ammonium produces paralysis of the receptive tract of the spinal cord, that is, of the part which receives and transmits impressions, and of the peripheral ends of the afferent or sensory nerves.
3. Death is produced by asphyxia.
4. The action of bromide of ammonium on the nervous system is, therefore, identical with that of the bromide of potassium.

DISADVANTAGE OF SALICYLIC ACID AS A DENTIFRICE.

Dr. **Dobrowski** reports, in the *All. Med. Central-Zeit.*, an unpleasant odour to the breath after long use of salicylic acid, either in mouth washes, or as a tooth powder. If salicylic acid remains in the mouth, it decomposes in very small quantity the sulpho-cyanide of potash, one of the constituents of the saliva whose function is to arrest decomposition in food débris. It is the odour of decomposition thus permitted which is communicated to the breath.

MORTIFICATION OF STUMPS FOLLOWING THE APPLICATION OF ESMARCH'S BANDAGE IN AMPUTATIONS.

In *Centralblatt für Chirurgie*, No. 41, 1877, p. 654, a case of this kind is quoted from a Polish journal. Several cases have now been recorded in different quarters, so that care should be taken in using this valuable appliance.

CLEANSING THE BLADDER WITHOUT THE USE OF THE CATHETER.

Dr. **Berthole** suggested last year a method of injecting fluids into the bladder without the use of the catheter. If a stream of water or other fluid is introduced into the urethra, it will, if entering under sufficient pressure, gradually dilate the sphincter vesicæ, and it may be caused to enter the bladder when through inflammation or otherwise the urethra is so sensitive as to prevent the passage of a metal or gum catheter.

In Dr. Berthole's method the patient sits on the floor with his back against the wall, thighs and knees turned out, and the toes turned in. A vessel is placed conveniently to catch any water which may escape. An irrigator with a long tube, with a stop-cock somewhere in its course, is placed upon a bench near by. The tube of the irrigator terminates in a canula of hard rubber twelve to fourteen centimetres long, and six millimetres in diameter, which is well oiled and inserted into the urethra ; and the patient keeping this in place with the left hand can easily regulate the flow of the fluid with his right hand upon the stop-cock. When the latter is opened, the water usually penetrates into the bladder without the patient's being conscious of its entrance. So soon as he feels the desire to urinate, the stop-cock is to be turned off, as the bladder is then full. The patient can now empty the bladder at once or can retain the fluid some little time. The water should be warmed to the temperature of the body, and the best time for employing the injection is just before going to bed. A single injection, in cystitis, will thin the stagnant urine and deprive it of its irritating quality.

In various diseases, water or medicated fluids may be injected by this method, which will, perhaps, make local treatment of bladder cases more frequent.

SPLEENOTOMY.

Dr. G. B. Simmons has reported (*Pacific Medical and Surgical Journal*) to the Sacramento Society for Medical Improvement, an account of the first case of spleenotomy in America. In searching the literature of this operation, he finds but fifteen cases ; the first was by Zaccarelli in 1544, and was said to have been successful. Since then there have been but two successful cases, both of which were operated upon by M. Pean, of France. The patient on whom Dr. Simmons operated was under observation for nearly three years, but during this time the progressive growth of the tumour seemed to be in no way affected by any of the many plans of treatment which had been suggested and tried. At this time he demanded operative interference, and spleenotomy was accordingly performed on the 6th of June, 1877. The incision was made in the abdominal wall near the linea alba, from four inches above to four inches below the umbilicus. There was some fluid in the abdominal cavity, and some recent adhesions to the intestine which were slowly separated, and the bleeding points secured by fine, carbolised ligatures. The organ was then turned out, and strong adhesions to the diaphragm were found, which occasioned some difficulty. The pedicle and gastro-splenic omentum, including the larger vessels, were ligatured in sections ; the ligatures cut close and returned. The final removal of the organ was effected without allowing any blood from the incised splenic vessels to enter the cavity. The ascitic fluid was sponged out, and, as there seemed to be some slight oozing, a drainage-tube was inserted into the lower end of the wound, the incision closed by sutures, and dressings applied as usual after abdominal section. He recovered well from the effects of the ether, but soon began to retch and vomit, and these efforts were followed by flow of bloody fluid through the tube. In spite of all endeavours, he gradually sank, and died from hæmorrhage two hours and a half after the completion of the operation. No *post-mortem* was obtained.

TREATMENT OF GANGLION.

Dr. **Bidder** (*Cbl. f. Chir.*,) recommends the injection of carbolic acid. An ordinary hypodermic syringe, having a sharp needle with a cutting edge near the point, is filled with a two or three-per-cent. solution of carbolic acid. A fold of the skin being pinched up, the needle of the syringe is thrust under it until the point reaches the capsule of the ganglion. A little slit is made through this with the sharp-edged point of the needle, and then, the latter being slightly withdrawn, the contents of the ganglion are expressed into the surrounding tissues. The point of the needle is then once more inserted into the now emptied ganglion, and a few drops of the carbolic acid solution are injected, and a simple water dressing is afterwards applied.

DERANGEMENT OF VISION IN HYSTERIA.

Dr. Jacob has translated for his journal a lecture of M. Charcot's on this subject. We take the following respecting hallucinations in connection with hemi-anesthesia:—

M. Charcot has shown to his audience, and interrogated before them a certain number of women in whom is exhibited habitually, and in a very clearly-marked manner, this species of derangement of vision.

1. M.—Hemi-anesthesia of the left side. Dischromatopia of the left eye. Often sees grey and black rats running to her right on the floor, or on her bedclothes.

2. W.—Total anæsthesia, but predominating on the left side; achromatopia of the left eye; double predominant uvairitis at left side. Coming out of these attacks she is often tormented by the vision of lions, whose figures stand out in brilliant red on the white wall of the room in which she is lying. These animals always appear to the left-hand side of the patient; they pass rapidly, and disappear when she looks at them full in the face.

3. V.—Sees, in the intervals between the attacks, but above all, when one is on the point of seizing her, sometimes a black cat, sometimes a white phantom appearing to her left. The patient suffers from total anæsthesia and double uvairitis, but these phenomena predominate on the left. Dischromatopia of the left eye.

4. B.—Even when this patient is in a state of calm she is often frightened by the sudden and unexpected arrival of a large grey cat at her right side, which appears to jump upon her suddenly, and which she even believes she feels the touch. This patient suffers from hemianesthesia on the right side.

5. G.—Suffers from hemi-anesthesia and achromatopia at the right side. Often sees to her right cats and black rats running on the floor, which seem to come from behind her.

6. A.—Lost her sight almost entirely in infancy, in consequence of disease of the centres of the eyes. When threatened by an attack she imagines she sees red men appearing suddenly to her right. This patient suffers from hemi-anæsthesia, and uvairitis on the right side.

Numbers of such examples might easily be given. These are the principal derangements of vision which are usually met with in epileptic hysteria—hysteria major; and also frequently in common hysteria—hysteria minor. Many other derangements of vision may also be observed under the same circumstances; but are much more rare, such as faults of accommodation, certain forms of diplopia, &c. Such have been observed in the case of a patient sent by M. Galezowski; and the latter has, at the request of M. Charcot, entered into a description of them.

INTERNATIONAL MEDICAL CONGRESS FOR 1878.

Amsterdam has been fixed on as the place of meeting for the sixth congress, and a committee has been formed, consisting of the following members, to make all the arrangements—

President—Professor Donders, Utrecht.

Members—Dr. Van Cappelle (La Haye); Dr. Fabius, Professor Hertz, Professor Stokvis, Professor Tilanus, Dr. Zeeman (Amsterdam); Professors Heynsius (Leyden), Huet, Huizinga (Gronigen), Koster (Utrecht), Rosenstein (Leyden), Sanger (Gronigen), Snellen (Utrecht); Dr. Ramaer (La Haye).

Secretary-General—Dr. Guye (Amsterdam).

The Congress will last one week, commencing Sunday, Sept. 8, 1878: the official languages will be French and German. All communications relative to the Congress should be addressed before June 1, 1878, to the Secretary-General. We trust fuller particulars will be advertised in the English medical journals.

THE PRIZE FOR HYDROPHOBIA BY THE ROYAL COLLEGE OF PHYSICIANS.

We are informed that the Royal College of Physicians is empowered to offer a prize of £100 on the subject of hydrophobia.

1. The Council has recommended as general principles that the prize be offered for an essay on the "Nature of Hydrophobia, its Causes, Prevention, and Treatment."

2. That original investigations be regarded as of especial value as deciding on the merits of this case.

3. That the prize be not awarded unless an essay of sufficient merit be presented.

LOCALISED BASAL MENINGITIS IN CHILDREN.

Dr. E. C. Sequin, in the course of some remarks on this disease, published in the *Hospital Gazette and Archives of Clinical Surgery*, March 1st, 1878, pages 104, 105, directs attention to the great importance of the ophthalmoscope in the detection of this affection. In connection with other symptoms, the presence of "choked discs" affords strong confirmatory evidence of its existence; when these are present, prognosis as to vision must be most cautious, the probability of ensuing atrophy being borne in mind. For treatment, he recommends iodide of potassium, in doses varying from ten to sixty grains, three times a day, well diluted. He finds the little patients bear this drug well when it is gradually increased. Counter-irritation by means of blisters, at the outset useful. He applies a series of them behind the ears or on the temples. Light nutritious diet and the avoidance of all excitement are the other measures proposed.

DIABETES AND TOBACCO.

We are acquainted, says the *Pacific Medical and Surgical Journal*, with a medical man, who after using tobacco freely for upwards of thirty years, abandoned it as a bad habit at the age of 62. Diabetes, or at least polyuria, ensued very speedily, and in a few weeks he was greatly debilitated. He then assumed the use of the weed, and the diabetes soon ceased. Very distressing disturbance of the heart's action then ensued, which did not disappear until he had made a long trip overland. This appearance of sugar in the urine, after relinquishing the habit of smoking, is certainly very singular, and trifling as the circumstance may seem, it is not altogether unworthy of the attention of those who are studying the etiology and pathology of diabetes. We know that there are several circumstances which may give rise to a temporary attack of this affection, such as injuries to the nervous system, liver, and other parts; the influence of certain poisons circulating in the blood, &c.; and perhaps the sudden abandonment of a protracted influence in the use of a mild and soothing narcotic may have been followed by an irritable state of the nervous system, sufficient in conjunction with some other predisposing cause to excite a temporary attack of diabetes.

EFFECTS OF FARADISATION IN HYDROPHOBIA.

Mennesson (*Courrier Médicale*) soothed to a remarkable extent, the paroxysms in a case of hydrophobia, by faradisation, although the patient died in the end of, cardiac spasm.

PHOSPHATE OF ZINC IN NEURALGIAS.

Camille Troubert (*Gazette des Hôpitaux and Courrier Médicale*) mentions a number of cases in which this treatment, first proposed by Ashburton Thomson, was successful, when other means failed. Two or three granules of 4 milligrammes each, were given daily. It is important that the granules should be used, as other preparations are uncertain.

PHYSIOLOGICAL EFFECTS OF SALICYLATE OF SODA.

Under this heading, Dr. Feltz (*La France Médicale*) describes a case of poisoning by this drug, taken without any medical man's orders. The case shows emphatically the cumulative action of the salicylate, of which 200 grammes were taken during a month, for the first six days 4 grammes daily, the next seven days, 6 grammes a day, and for the last seventeen days, 8 grammes daily in three doses, equal to about 25 *grains* of salicylic acid three times a day. There was frequent vomiting, complete anorexia, and a coated tongue. The chief symptom was constant severe headache, with violent attacks of severity, making the patient scream out so as to be heard at a distance. It appeared, as the patient said, as if his head were being struck with a hammer. The pain was chiefly on the summit of the head. Each crisis was preceded by a redness of the neck, mounting rapidly to the head. The pupils were contracted.

The symptoms continued with great severity for ten days after the drug was stopped, and continued with less severity for seven days more. Traces of salicylic acid were found in the urine up to the sixteenth day.

INJECTION OF ERGOTINE INTO THE TISSUES OF THE UTERUS.

Delore, at the Paris Society of Surgery (*La France Médicale*) mentioned his preference for this method in cases of fibrous tumours of the uterus.

ON PRURITUS VULVÆ AND DIABETES.

Dr. Wiltshire, a few years ago, at a meeting of the Harveian Society, called attention to the frequent association of pruritus vulvæ with diabetes. As continued observation confirms and strengthens the statements then made, he now repeats them in the *Lancet*.

Excepting itching, there may be no symptom whatever of diabetes—neither polyuria, loss of flesh, nor large appetite; and it is not therefore a matter for surprise that the underlying diabetic affection frequently remains unsuspected.

The observations of friends who have become acquainted with his views are confirmatory of them, and show that there is a more frequent connection between diabetes and pruritus vulvæ than is generally believed. Accordingly, it seems desirable that further attention should be directed to the fact seeing the gravity of the more important affection. It is hoped that a wider diffusion of the knowledge may prove useful to many.

TWO UNCOMMON FORMS OF DISLOCATION.

Mr. A. W. Mayo Robson lately related two cases, one is a dislocation of the jaw occurring during an attack of hysteria; the other is a dislocation of the sternal end of the clavicle upwards. The first is interesting on account of its cause; the second, on account of the rarity of the event. They are reported as follows in *British Medical Journal*.

I was called to see a woman, aged 30, said to be in a fit. On arriving at the house, I found her in an hysterical attack, and ascertained that she had received news of a severe family trouble a few hours previously. A curious symptom in the case was, that she violently worked the jaw, and would persist in doing so despite being sharply spoken to and treated freely with cold water. Whilst I was observing her, the jaw suddenly became fixed widely open and displaced obliquely towards the right side. She instantly began to scream violently, and applied her hand to the injured part. I need scarcely say that the hysteria vanished as if by magic. I replaced the jaw in the usual manner, and applied a four-tailed bandage. After being put to bed, she had a return of the paroxysms, and again worked the jaw; but this time the bandage prevented displacement. The next day, beyond a considerable degree of stiffness, nothing abnormal was found. I then ascertained that she had never had dislocation of the jaw on any previous occasion. My reason for recording the case is, that I find no mention made of any similar one either in Hamilton on "Fractures and Dislocations" or in Holmes's, Erichsen's, or Bryant's works on surgery.

The history of the second is as follows. I was called on September 27th, 1877, to see a grammar-school boy aged 15; the messenger telling me that he had put his shoulder out, having fallen undermost in a scrimmage at football. On arrival, I found him leaning towards the left side and supporting that arm with his right hand, any change of position giving great pain. On stripping the chest, the first sign that attracted my attention was a marked flattening of the left infraclavicular region. I then noticed a depression of the same shoulder; a very distinct prominence in front of the trachea just above the sternum; an absence of the natural projection of the left sterno-clavicular articulation, its place being taken by a depression in which could be felt the empty sternal socket. The tendon of the left sterno-mastoid was stretched tensely like the string of a bow, and the distance between the shoulder-tip and the middle line was an inch less on the affected side than on the sound one. There was no dyspnœa, and an entire absence of crepitus. My diagnosis was dislocation of the sternal end of the clavicle upwards, as the only accidents which might have simulated it were separation of the epiphysis and fracture; the latter being negatived by the absence of crepitus, and the former by the fact that ossification does not take place in the epiphysis till the eighteenth or twentieth year. Reduction was easily affected by drawing the shoulders backwards and raising the arm. I tied a handkerchief round each arm near the shoulder, and looped them together firmly behind; placed a pad in the axilla; pressed the elbow inwards by means of a bandage round the chest, enclosing the arm; and supported the elbow and forearm in a sling; after which the symmetrical appearance of the chest returned. In the after-treatment, there was a great tendency for the sternal end of the clavicle to slip upwards, as the boy, being unusually active, always contrived to romp about and loosen the bandages as soon as his attendant's back was turned. Although the appliances were continued for three weeks, and a figure-of-eight bandage for a fortnight longer, yet at the end of that time the sternal end of the clavicle remained about half an inch above its usual level; but the functions of the limb seemed to be in no way impaired. The only cases I can find on record of a similar nature are four quoted by Malgaigne, two by Bryant, one by Dr. Rochester of Buffalo, and one by Hamilton.

THE TREATMENT OF ULCERS.

Dr. Mandelbaum, of Odessa, says (*Berl. Klin. Wochenschrift*, No. 10, 1878) all ulcers of the leg and elsewhere, can be cured by the following method:—If they are very deep, with much loss of tissue, and with undermined, uneven, callous edges, they are first to be scraped away until healthy tissue is reached, with the modification of Volkmann's spoon as suggested by Hebra; they are then to be covered for several days with a thick layer of iodoform until fresh granulations spring up (as they are certain to do), and until the base of the ulcer has reached the level of the surrounding skin. When this point in the healing process is reached, the ulcer is to be strapped daily with equal parts of mercurial and soap plaster of rather soft consistence, and carefully and evenly applied. Shallow ulcers, covered only with pus, require no scraping, but can be at once treated with iodoform.

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English Earth is the name given in America to terra alba or plaster of Paris, of which, according to an exchange, "tons upon tons are imported for the express purpose of adulterating white powders of various kinds, notably cream of tartar."

TOPICS OF THE TIME.

CLINICAL APPLIANCES FOR THE INVESTIGATION AND TREATMENT OF DISEASES OF THE NERVOUS SYSTEM.

Dr. CHARLES K. MILLS, in some lectures at the Philadelphia Hospital, before taking up special diseases of the nervous system, briefly describes the instruments used in their study and treatment. While many other diagnostic and therapeutic aids have elicited books of considerable merit, those which apply exact methods to the investigation of nervous diseases obtain less attention than they deserve from students, and some of them are new to many practitioners. They are, however, simple in construction, and easy to understand. We therefore avail ourselves of the lecture of Dr. Mills, published in the *Medical and Surgical Reporter*, in order to bring before our readers some of the principal points alluded to. We might add a description of some more complicated and expensive apparatus, but content ourselves with the following notes on the more easily understood appliances.

Both for diagnostic and prognostic purposes, as well as for therapeutical reasons, it is often necessary to study the condition of cutaneous and muscular sensation in patients suffering from nervous diseases. This can, of course, be done roughly, by tickling, pinching, pricking, pressure, contact of hot and cold bodies, and analogous methods; but for exact and satisfactory determinations, we have several instruments at command. The chief of these is the Æsthesiometer, or measurer of sensibility. This consists simply of a pair of compasses, to one arm of which a brass arc or bar, having on it a scale, is attached. This arc or crosspiece passes over to the other arm, and serves to indicate the distance apart of the points of the dividers.

The working of the instrument depends on the fact that in health we are able to distinguish two impressions made simultaneously on the skin only when these impressions are separated by certain distances, varying for different regions of the body. Tables have been published, showing the least normal distances at which two points can be distinguished. One of these, from Müller's "Physiology," is given in the introduction to Dr. Hammond's "Treatise on Nervous Diseases." Thus the interval for the dorsum of the foot, near the toes, is eighteen lines. In using this instrument, some cautions are needed. The patient should be made to close his eyes, or to look away from the physician, while the tests are being tried. The two points must be applied simultaneously upon the skin. If the impressions are made one after the other, instead of both at the same time, the value of the test is, of course, destroyed. The patient must be directed to speak at once, as soon as the point or points, are felt. If he stops to think about the matter, his answers become worthless. It is a question of instant recognition, and not of reasoning.

Cutaneous and muscular sensibility can both be determined by means of electricity. The electro-sensibility of the skin is best made out by faradisation with the metallic brush; but to bring out the condition of sensation in the muscles, wet rheophores are preferable. Two parts of the body can be compared, or the application can be made to two individuals.

Leyden, as mentioned by Erb, has devised a peculiar method of testing electro-sensibility by faradic currents. He uses a pair of tactile compasses, connected with a faradic apparatus, to determine the minimum strength of current required to produce an electrical sensation. At the same time provision is made for reading off the distance separating the coils of the induction apparatus, thus rendering it possible for a comparative numerical estimate to be formed.

The strength or motor power of patients, particularly as shown in the grip, is sometimes tested by means of the Dynamometer, or measurer of power. The most common form of this instrument consists of an elliptical steel spring attached to a semi-circular scale, around which an indicator is free to move. This is connected, by cog-work, with a steel arm, the lower end of which touches the spring when the index points to zero, one end of the scale being marked zero, and the other 100. The one hundred degrees represent about the distance to which the grip of a vigorous adult can drive the indicator. To use the instrument, it is grasped as firmly as possible by the hand, and the two sides of the spring are pressed together steadily. The indicator remains at the point at which it has been forced by the muscular strength of the patient. The left hand can be compared with the right, or the grip of a sick, with that of a healthy, man.

A Dynamograph, or instrument for writing down the muscular strength of an individual, can be made by attaching to the dynamometer a joint which moves a steel rod carrying a pencil. As the sides of the spring are approximated, the pencil traces a line on a paper which is carried forward on a plate by a sphygmograph movement.

The surface thermometer can be used with advantage in infantile paralysis, in some local palsies, in hemiplegias and paraplegias, and the like. In certain cerebral disorders it will sometimes show a higher temperature on one side of the head than on the other. In local spasmodic affections and neuralgias, it may also indicate delicate thermal changes. It may likewise be brought into service for other diseases than those of the nervous system.

As we have no normal temperature for surfaces, we make our observations by comparison of diseased with healthy parts. If we have only one thermometer, we place the instrument first over the affected muscle or organ, and then over an analogous or corresponding healthy region, noting the difference of temperature. Generally two or more surface thermometers are employed at the same time. Having two exactly alike, when you wish to make observations, you first warm them to three or four degrees below the healthy standard, and then apply them perpendicularly, and without marked pressure, to the skin. The places of application will depend upon the nature of the disorder. If you are dealing with a local paralysis of the face, arm, or leg, one instrument can be applied to the surface over the muscles affected, while the other is held to a corresponding point on the healthy side. The two temperatures are noted and compared.

Seguin's advice is to leave the two thermometers three minutes *in situ,* and read, then two minutes more, to make sure that you have attained the pathological difference between two points whose physiological temperature is alike. The axillary temperature may at the same time be determined, in order to ascertain the constitutional derangement brought about by the local process.

Instead of the mercurial surface thermometers of Seguin and others, the thermo-electric pile may be usefully adapted to the purposes of local thermometry. Delicate and accurate determination of temperature can be made by apparatus of this kind, with great facility and rapidity. Becquerel's Disks, which consist of pieces of copper and bismuth soldered together and connected with a galvonometer, are sometimes used. In the New York *Medical Journal* for June, 1867, Professor Lombard, of Harvard University, published some interesting "Experiments on the Relation of Heat to Mental Work," which are highly suggestive in regard to the employment of thermo-electric instruments in the study of the brain and its disorders. He placed a thermo-electric pile, which was connected with a galvonometer, on various parts of the head, and observed the results produced on the needle by different mental operations. Most striking effects, for instance, were caused by reading aloud or reciting poetry. Rises and falls of temperature took place during exercises which called forth different powers of the mind. In some cases the temperature of the front of the head fell while that of the back rose.

In the *British Medical Journal* for 1875 a Thermo-electric Differential Calorimeter, which can be made of considerable service to the neurologist, is described by Dr. Lombard. Two thermo-electric piles—one for a sound and the other for a diseased part—are connected with a galvanometer. The direction in which the needle of the galvanometer deflects indicates which of the two parts on which the piles are placed has the higher temperature.

The Cephalhæmometer is an instrumennt devised by Dr. S. Weir Mitchell, and primarily intended for experiments on lower animals; but it has been used by Hammond and others to determine the condition of the circulation in the vessels of the brain. It may be brought into service in cases which have been trephined. As described by Hammond, it consists, first, of a metallic tube, which is fitted into the opening in the skull. Into the upper end of this tube is secured another, of brass or iron, the lower opening of which is closed by thin india-rubber, and the upper by a brass cap, into which is fastened a glass tube. This inner arrangement contains coloured water, and as the thin india-rubber is made to press on the dura mater, the column of liquid will rise or fall in the tube according to the amount of blood in the brain.

The Cautery Iron is an instrument whose value in the treatment of certain nervous disorders, such as epilepsy, local spasm, neuralgias, spinal irritation, and beginning paraplegias is every day becoming more and more fully recognised. Brown-Séquard has done much to make this method of treatment popular. The instrument generally used is made of iron, terminating in a button shaped like the blunt end of an olive. It is a matter of some practical value for it to have a long shank, so that the heating may be done at an ordinary stove or furnacc without burning the wooden handle or causing discomfort to the operator. Usually small charcoal furnaces are employed. It should be heated to whiteness and passed rapidly over the skin. This procedure is comparatively painless, and does not cause a slough. Instruments with platinum tips have recently come into use. Being small, they can be heated by a Bunsen burner or alcohol blast-lamp. An objection to the iron instrument is that scales form by oxidation, and these may fall off and injure the patient. This, however, is not likely to happen. Instead of either the iron or platinum-tipped instrument, a heated glass rod may be employed, as recommended by Dr. William H. Thompson, of New York. This is certainly the most convenient appliance.

In an article by Allan McLane Hamilton, M.D., on "The Use of Revulsives in Diseases of the Nervous System," published in the Philadelphia *Medical Times*, for September 4, 1875, is described an ingenious instrument for the alternate application of dry heat and dry cold, a most valuable form of revulsion in spinal irritation and other nervous maladies. It consists of two chambers of brass, three inches in diameter by one and a half inches deep. These have screw plugs inserted, so that they may be removed and the chambers filled, one with cold water and salt, the other with hot water. These chambers are fixed on a rod and separated by an insulating or non-conducting substance. The rod terminates in a handle. The flat surface, covered by thin flannel, is placed against the bare back, on either side of the spinous processes of the vertebræ, and the instrument is passed up and down quite rapidly. As the heated surface moves instantaneously to where the cold one was an instant before, the effect is quite marked.

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ON THE UNITY OF PHTHISIS.

GRANCHER, VIRCHOW, AND CHARCOT.

Pulmonary phthisis has always been the object of numerous researches, but of late years practitioners have made new studies of it in all directions. At this moment it is known that physicians are divided into two schools of unicists and dualists on the question of phthisis. Those who believe in the unity of consumption believe that the different anatomo-pathological forms of this disease do not, in any way, detract from the unity of these terms, and that caseous pneumonia and tubercles are at bottom the same. Those who controvert this view consider that there are two ways of being consumptive, and that there exist two processes which give rise to the disease—caseous pneumonia, an inflammatory disease, and tuberculosis, with the tubercle granulation, a phenomenon quite different from inflammation. Dualists in phthisis, like Jaccoud and Niemeyer, &c.,

consider that there are phthisical patients and tubercular patients, and, if this were the case, diagnosis, prognosis, and treatment should be different in the matter of phthisis. Virchow and Niemeyer have been the leaders of this school, which has so many adherents in England among the younger physicians. In Paris, on the contrary, the older physicians, and in London, Dr. Wilson Fox and many other able men, are unicists.

Firstly, it is clear enough that there is less difference of opinion among practitioners in the presence of the living patient than in the dead-house; and this is the more singular because in most diseases the discussion ceases when the patient dies and the anatomical lesions are before us. But when the sick person is alive dualists and unicists both call the disease phthisis, treat it in the same way, and, alas! give the very same prognosis. Volkmann, in 1871, writes, in the *Sammlung Klinischer Vorträge*—"Caseous inflammation, in our time, is not more consoling than the tubercle of former days." It is true, indeed, that pure dualists, pursue their views even to the bedside, and allege that it is easy enough to distinguish caseous pneumonia from tubercle. This is evidently merely an exaggeration, since well-educated unicists recognise clearly the difference between cases of phthisis, whether they become localised or generalised, &c. The unicist, however, admits that the differences noticeable at the bedside do not change the nature of the disease, and, spite of the *post-mortem* apearances, he alleges that it is always phthisis that is before him. He points to the number of cases where granulations and the so-called caseous pneumonia are found in the same lung. The dualist replies to this that there are many cases of consumption where pneumonia alone is found, and alleges that there are different diseases, since pneumonia and tubercle may be found isolated. He also says that lesions histologically so different, cannot be of the same nature. The pure dualist makes a great point of his treatment, and maintains that dualism has made quite a revolution in the therapeutics of consumption.

In France, owing to the works of Laennec, Louis, and Andral, and, perhaps, too, because clinical studies are more attractive than anatomical and laboratory investigations, the doctrine of unity prevails. One authority will allege that all these studies on the forms of phthisis signify nothing at all, and that the whole novelty of the modern doctrines is merely in their terminology. Other writers on medicine accept willingly enough the new anatomical data, although they limit the importance of the novelties proposed. For instance, Dr. Charcot uses the new terms, but is still a unicist in phthisis. In Germany, on the other hand, where clinical observers are not in general the persons who carry on anatomo-pathological investigations in the laboratories, dualism is in vogue, and the reason is clear enough. The man who merely examines dead-house specimens of phthisis can hardly be made to believe in the unity of the disease. The naked-eye differences, too, are corroborated by the microscopic appearances of the disease, for it is quite true that the tubercle granule differs histologically from the caseous granulation, so that the observer has the right to say that there are two different lesions. But dead-house pathologists have gone further, and have said these form two different diseases—two diseases which have nothing in common but mere chance when they are met in the same subject, for the one is specific and hereditary, whilst the other is neither of these, but merely a simple inflammation like pleurisy.

Virchow is most particular in his definition of tubercle, and, in his view, the grey semi-transparent granulation alone is entitled to the name. Everything else ought to be called caseous inflammation. A tubercular granulation, he says, or tubercle, is a nodosity, which is usually rounded, formed of small cells pressed together, and presenting at its centre a degenerating zone, whilst at the circumference there is a zone of proliferation.

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DIALYSED IRON.

MOST of our exchanges have of late had something to say about dialysed iron, and the manufacturers of this novelty in therapeutics are pushing it in all directions. Yet there are some who think it is not superior to other preparations, and a few venture to question whether indeed it is equal. Some differences of opinion, no doubt, arise through the use of diverse articles—others, from different doses. We propose to gather up a few of the more able testimonies which have not been already recorded in our previous issues.

Dr. Weir Mitchell and Dr. Da Costa, in America, have both spoken most highly of dialysed iron. The former gives it in large doses; the latter has lately been trying it by the hypodermic method. Bouchardat is disposed to scepticism, and no doubt many of our readers have also their doubts. English therapeutists have not said much individually, but we know that some of them are freely using the remedy, and the journals have noticed several preparations, but for the most part without saying much. The *Pharmaceutical Journal* has contained several articles on the manufacture, chemistry, and pharmacy of the product, and *New Remedies* has also published others. *L'Union Pharmaceutique* has given still more in the same direction. But of really medical or therapeutical articles, the best has been one in the *Medical Examiner* of January 24, which passed in review what was known of the subject, and contained several valuable suggestions. We shall avail ourselves of this article, as well as of the other contributions we have named, and of those formerly cited in our pages.

Professor Bouchardat (*Bull. Gen. de Thera.*, Jan. 30, 1878), says that, in his opinion, the preparation called by this name (although it does not pass through the dialyser) is absorbed with difficulty, and under the influence of small quantities of alkali, acid, and various substances contained in the food forms an insoluble compound. Until clinical experience shows the contrary he thinks that it should be regarded as an almost inert ferruginous preparation. Prof. Depaire, of Brussels, is quoted as holding the same view.

The writer in the *Medical Examiner*, after a sketch of dialysis, thus describes the product of the application of this process to the remedy in question:

The preparation by dialysis of a soluble oxide of iron depends entirely on the influence of osmosis on a soluble chloride. But the product is not, as some have stated, an absolutely pure oxide, but rather a ferric oxychloride in which the base greatly preponderates. Hence there always remains in the solution a small portion of free hydrochloric acid. This can easily be proved by precipitating the oxide with ammonia in slight excess, filtering, then adding an excess of nitric acid, and afterwards nitrate of silver. It is to be feared that some preparations in the market contain too much acid. There ought not to be more than 1·5 per cent. of acid to 96·5 of the iron salt. If a solution of acetate be dialysed, the acetic acid may be as much as 6 per cent. to 94 of iron salt. It is important that these proportions be not exceeded, as that would show imperfect preparation. Various formulæ have been published as to convenient quantities. The French Society of Pharmacy recommends 100 grammes of solution of ferric chloride of a specific gravity of 1245, and 35 grammes of liq. ammoniæ of specific gravity of 1169. The ammonia is to be added in small quantities to the iron solution. The precipitate is at first rapidly, but later more slowly dissolved again. When the liquid has become clear it is put into the dialyser, and the distilled water in which it is placed frequently renewed. After a while there is no longer an acid reaction, and nitrate of silver gives no precipitate, while the taste of ordinary iron salts has disappeared.

The writer next proceeds to therapeutics, and from his able summary we take the following suggestions :

For medicinal use this dialysed iron has first of all the advantage of being nearly tasteless; it is, therfore, readily taken by children and fastidious invalids. It has been freely used in France under the name of *oxide de fer dialysé*, and some of the French specimens we have examined are most creditable to their makers. In Germany, as *ferrum oxidatum dialysatum*, it has also been for some time in use. It has crossed the Atlantic, and found a wide sale in America, and now in England several pharmacists are offering their products. But it is not alone as an agreeable chalybeate that it is presented. We are assured in all quarters that it does not constipate, does not produce headache, and does not derange the stomach, or produce any other inconvenience.

A comparison of its qualities with those of other preparations would lead us to anticipate that these would be its chief recommendations, and clinical experience seems to endorse them. It will be observed, however, that they are entirely negative, and no one, we presume, will use the new solution when the powerful astringent persalts of iron are indicated. There may be some who think that the value of a preparation which has lost so much of the common quality of iron may be greatly diminished, and we are not quite sure that many have not fallen into the error of expecting too much from it. We agree with Dr. Weir Mitchell that it is commonly given in too small quantities, and if any of our readers have found it inefficient, we beg to suggest that they should double their doses. We constantly hear of drachm doses as if they were sufficient. A child can take as much, and for adults double would scarcely be a full dose. Dr. Mitchell often gives half-an-ounce two or three times a-day. In this case twice a-day is often enough. One good dose after dinner would probably be satisfactory.

THE HYPODERMIC INJECTION OF DIALYSED IRON IN CHLOROSIS.

In the *Phil. Med. and Surg. Reporter* a case under Dr. Da Costa of chlorosis is related as treated by subcutaneous injections of dialysed iron. The patient, a girl of 21, had suffered for several months from palpitation, dyspnœa, headache, and œdema of the feet and legs. There was marked pallor, and the menses had been arrested for three months before she entered the hospital. An inorganic systolic murmur was heard at the base of the heart, and a loud venous hum over the jugulars. The relative proportion of white to red blood corpuscles was normal, though there was a slight deficiency in red corpuscles. By the daily injection of from fifteen to thirty minims of dialysed iron, at first diluted, later undiluted, as it was found that no irritation of the skin was caused, in a little more than two weeks the patient regained comparative health. Menstruation returned, the murmurs became faint, colour and strength came back, the appetite was good, and the bowels were regular. Dr. Da Costa judges from this single instance that the same method of treatment will prove valuable in cases where constipation, headache, and disordered digestion preclude the internal use of iron in the ordinary forms, or where the stomach does not retain it. Other preparations are too irritating for hypodermic use. He has tried several, and appears to have been for some time desirous of introducing iron into the system by this method. He suggests that it may be worth trying in cases of pernicious anæmia.

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SPECIAL DEPARTMENT.

REPORTS ON SYPHILIS AND SKIN DISEASES.

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FOURNIER AND JONATHAN HUTCHINSON ON THE DUALITY OF THE CHANCRE.

IT is impossible to exaggerate the difficulties which sometimes surround the diagnosis of the syphilitic chancre. In its *erosive* form, it runs the risk of being confounded either with simple traumatic or inflammatory erosions, or with herpes. When mistakes of diagnosis are made in this matter, nine times in ten it will be found that the true chancre has been called an *excoriation*, whilst the patient has been told that nothing is the matter within him. In women, especially, the chancre very often is quite a slight affair, and resembles an excoriation or other insignificant lesion.

Induration and affection of the glands are the two diagnostic points in such cases. The base of the sore must be carefully felt; and, if a true chancre be present, we shall almost infallibly detect a certain hardness. Common erosions are never accompanied with this kind of hardness. If, again, the sore have existed a fortnight, and still there be no enlarged glands, there is in all probability no chancre present. If, on the contrary, a number of glands are indurated, we may affirm the existence of syphilis.

It must, however, be borne in mind that sores which have been treated by many cauterising substances, such as nitrate of silver, acid nitrate of mercury, alcohol, tannin, or alum, may become indurated in a way which may lead the practitioner into error. Hence, the patient must always be asked whether the lesion has been treated or not, before the diagnosis is made.

Chancres are not unfrequently confounded with herpes, when herpes is confluent, and forms a rather large erosion. In some cases, this is so like true chancre as to be quite indistinguishable from it. Herpes, however, at its commencement, is usually accompanied by heat in the part, and an itching, which is not met with in true chancre. The state of the glands, also, induration, and the circumferential shape of the ulcer, will aid us in coming to a conclusion. Herpes does not enlarge the glands at all, or does so very slightly. It has no induration at its base. In herpes there are several circular marks left in the circumference of the sore, which result from the groups of vesicles which have pre-existed. This does not exist in the case of the true chancre.

Of course, if we can wait a little time, the case will clear up; for, when herpes is present, the lesion will not be long in healing, and nothing will succeed to it. The chancre will usually last far longer, and the glands will enlarge greatly. It must be remembered that herpes and chancre may occasionally coexist. This is not very rare in the female. Herpes may exist in febrile states of the system, as in pneumonia, typhoid fever, &c. It may also occur in males after gonorrhœa, and in females in relation with vulvitis, vaginitis, and urethritis. Some women are always affected with herpes at their menstrual periods. In the same way with chancre: it occasionally produces herpes.

In women, another lesion may occasionally be mistaken for the true chancre; and that is *erosive vulvitis*. This is met with at every age; but more commonly in childhood; and consists of multiple and superficial erosions, and simple epidermic or epithelial desquamations. It is generally easily distinguished from chancre; but sometimes the erosions are deeper, with greyish pultaceous aspect, so as to resemble in a great degree the indurated sore. This ought to be borne in mind in medico-legal cases; and secondary symptoms should alone make the practitioner give a certain diagnosis in such cases. Fournier relates a case where he had to give evidence in court on such a point.

If we next examine the diagnosis of the ulcerative form of chancre, it may, in the first place, be taken for the simple chancre. This, of course, is of the greatest importance to be made out, since a patient who is affected with a simple chancre is only affected with a temporary local lesion—notwithstanding Mr. Jonathan Hutchinson's allegations—which, when it is once cured, will be entirely and definitively cured, and which neither infects nor creates any diathesis, nor requires any general treatment. A patient, again, who has contracted a syphilitic sore, is, at the commencement of a grave affection, poisoned and infected with a diathesis. He must for a long time be put under treatment.

There has been far too much said about the difficulty of diagnosing between these two chancres. The number of cases which are obscure are infinitely inferior in number to the simple and evident ones; and the diagnosis, is, in general, easily enough made. The guiding points in the diagnosis are the number of the ulcers, their appearance, the condition of the base, that of the glands, and the results of inoculation. As a general rule, the syphilitic chancre is solitary; or, at most, there may be two, three, or four chancres. On the other hand, the simple chancre is *generally* multiple. As many as sixty or seventy soft sores have been noticed in one female patient. This, of itself, will often guide the practitioner in his diagnosis, for if a woman come with a single sore, it will almost certainly turn out to be syphilitic; whilst if another come with twenty or thirty sores, these will be assuredly soft chancres.

The soft chancre is an ulcer—a true ulcer—hollowed and excavated; a loss of substance in the tissues, like what would be made by a punch; its edges are sharply cut, abrupt, acute, and often burrowing. The syphilitic chancre, again, is an erosion, much more frequently than an ulceration; even in its ulcerating form it is ordinarily less hollow than the simple sore. It has no edges, and only an adherent contour, often raised and forming a circular cup around the central erosion.

The base of the simple sore is unequal, velvety, and anfractuous. Its colour is yellowish, of a clear tone; it secretes abundantly, and furnishes true pus. The base of the syphilitic sore, on the other hand, is smooth, so much so that in some cases it appears as if varnished, glistening, and iridescent. Its colour is either greyish or reddish-brown, which has been compared to the tint of the muscles. This colour is always darker and deeper than that of the soft sore. It secretes generally very slightly, and that sero-sanguinolent rather than purulent. It is only when arrested that it secretes pus.

The base of the soft chancre is like that of a simple wound, supple and soft. Occasionally, indeed, the tissues around and beneath the chancre may thicken and become engorged, but the hardness is only that of inflammatory congestion, pasty, œdematous, like the base of a boil. It is also diffused over a certain surface, and is not exactly circumscribed to the base as is the case in the hard sore. In the syphilitic sore, on the other hand, the base is indurated, either beneath the sore or around it (parchment-like). The hardness is special in two ways, either in its being circumscribed, or exactly limited to the very base of the chancre, and in furnishing a peculiar feeling of elastic resistance, like that of cardboard, or parchment, or cartilage, very different from the pasty resistance of inflammation.

In the syphilitic sore there is constantly an affection of the glands. The glands are developed to a certain extent without inflammation, hard, and generally in numbers (pleiades). In the soft chancre, again, there is either complete absence of any glandular affection, or an *acute* bubo, most generally violently so. This bubo *generally* suppurates, and, when opened, it turns into a true glandular chancre. In short, when a male patient comes before us with sore on the penis, we may at once diagnose the nature of the sore by turning to the groins. If no enlargement of the glands be seen the sore is probably a soft chancre. If there be an acute, inflammatory bubo, we have a soft sore, and if we find hard, mobile, multiple, independent glands, we may consider that the patient has hard sore.

Inoculation may be tried in case there remain any doubt. In the case of soft sore the inoculation will give next day a specific pustule. If again, the chancre be syphilitic, the inoculation will be negative. The inoculation, when made, should be most carefully watched, and, as soon as ever it gives the information sought it should immediately be destroyed by energetic cauterisation.

Such are the doctrines of Fournier and the dualistic school, as contrasted with those of Mr. Jonathan Hutchinson, and many London observers. I share the views of the dualists to the full extent.

The following table shows rapidly what are the diagnostic marks by which we may distinguish the two venereal sores.

	SIMPLE CHANCRE.	SYPHILITIC SORE.
1. Number of sores.	Almost always many; often even confluent.	Often solitary, rarely multiple, and never confluent.
II. Appearance of the ulcer.	1st. True ulcer, hollow, excavated.	1st. Lesion commonly flat, often elevated and papular; rarely ulcerating.
	2nd. Edges cut sharply, abrupt, undermined.	2nd. No edges; contour adherent and often raised above surface.
	3rd. Base uneven, anfractuous, worm-eaten.	3rd. Base smooth, shining, iridescent.
	4th. Colour yellowish, of a clear tone.	4th. Tint grey or red, like muscle, of a dusky, deep hue.
	5th. Secretion abundant, with true pus.	5th. Scanty secretion rather sero-sanious than purulent.
III. Condition of the base.	Base soft, or with merely a diffused inflammatory, elastic feeling.	Base indurated to a variable extent.
IV. Glands.	No bubo or inflammatory bubo (simple or chancroid).	Bubo constant (indolent, not inflammatory, most generally polyganglionic).
V. Experimental criterium.	Pus, auto-inoculable.	Pus not inoculable on the patient.

Such diagnostic marks, which used to be considered of the highest importance by practitioners as a guide to treatment, seem at this moment far too much neglected in London, owing to the influence of Mr. Hutchinson and his followers. That they will again be considered well worthy of attention, I cannot doubt.

RISKS OF ACCOUCHEURS BEING INFECTED WITH SYPHILIS.

Dr. William Goodell (*Philadelphia Medical Times*) mentions a case where the mother of a dead child had been in labour eight times, and each time the labour had been premature.

The first four children were born between the 5th and 7th month, the last four after the 7th month. Four were still-born, and none of the others had lived more than a day or so. As soon as the last child was born, it began to cry hoarsely, and shortly bullæ were seen on its feet, and then over its body. He had the child anointed with mercury, but it died in a week. His plan is to rub the ointment well every day over the belly-band, and when one gets stiff, to use a new one. It is quite astonishing the improvement that sometimes takes place in such cases thus treated. As a general rule, however, syphilitic children very rarely live more than a few days. Albumenoid degeneration of liver or spleen carries them off.

Dr. Goodell warns practitioners of the risk they run by delivering syphilitic women. Several medical men of his acquaintance have thus been infected. One promising medical man infected his wife, who had five dead births, and he then committed suicide. The tainted liquor amnii of such a fœtus is abundantly able to inoculate the accoucheur with the poison.

Braun, of Vienna, says that many students are thus affected annually.

The disease of the fœtus in uteri is a kind of placentitis, the exudation presses the blood out of the small capillaries, and so gradually starves the product of conception; or there may be a gummy tumour or fatty degeneration of the placenta, so causing premature labour. In some cases the labour is precipitated by atheroma of the vessels of the cord.

In some instances, according to Dr. Goodell, it is very hard to find out whether the mother has the disease herself, or whether the father has been the only instrument of inoculation. An apparently uninfected mother can nurse her syphilitic child with impunity, whereas the child is sure to infect any other wet nurses. "It is" (says Dr. Goodell) "a wise law of Nature which sentences all such vitiated and diseased products to early death. Of course, all the physician can do is to subject the child to a brisk mercurial treatment. In some rare cases you may be able to cure and save such children, but, as a general and beneficent rule, they die in the course of a few days or weeks." Query, would it not be more beneficent if there were no syphilis?

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INDEPENDENT DEPARTMENT.

INFANTILE MORTALITY IN GERMANY AND HOLLAND.(a)

Dr. Rumelin (*Memorabilien*) has estimated that, supposing an annual mortality of 2 per cent.—a cipher which has never as yet been reached in any country—every woman should bring into being three children on an average. If the mean should rise to 4, the population would double in 139 years. He adds:—

"From these and other estimates the following consequence follows, that the mean annual increase of 1 per cent. which results in Germany from the present excess of births over deaths, would cause in two hundred years the empire of Germany to possess 300,000,000, and Europe to have 2,300,000,000; and in three hundred years these cyphers would be 650,000,000, and 4,800,000,000. That any land however which lies, as Germany does, between the 47th and 55th degrees of northern latitude, could support 3,000 persons on the square mile must at once appear impossible to the most ordinary capacity. There are, therefore, either most extraordinary changes in the customs of the country imminent, or enormous checks of the positive kind are in store for us. There must however, at least, be a useful application of Malthus's theory in the case of the population of Germany.

"The national nisus since 1870 has been also accompanied by an increase of marriages and births, which again has been due to the taking off of the trammels from industry, to a lessening of illegitimacy, and to progress in industry and agriculture.

"We have as yet no complete account of the progress of population in all German countries, according to the new formularies of unity of the nation; but we have the information that in 1872 there were in Prussia 1,023,500, in Bavaria 201,500, in Wurtemburg 8,300, or altogether 1,308,000 births, and 765,000. 159,000, 60,000, or together 985,000 deaths were enumerated; so that, if we assume the same proportion which holds good in three-fourths of the kingdom to hold in the fourth, there are annually 1,714,000 children born, and 1,288,000 persons dying, which gives a difference of 421,600, or an increase of 1·12 per cent. This gives per 1,000 inhabitants, 42·7 births, 31·5 deaths, and 11·2 natural increase.

"It is far rather a too low than a too high estimate, that of 1,714,000 children there is a loss of 30 per cent. of deaths (including still-births) during the first year of life, so that thus 514,000 children are born every year in Germany only to leave the world at once, and these for the most part in a lamentable way.

"Not only in France, concerning the customs of which we dare to raise our voice so loudly and with such unjust Pharasaical pride, but also in Belgium, and in the far more prolific countries of German race—the Scandinavians and the English—is the infantile mortality of the first year of life much lower; and indeed, the average of the middle of Europe—if we except Germany—does not much exceed 20 per cent. of all children born. If Germany in this matter presents so much more unfavourable features, in comparison with other peoples over which it is accustomed to rank itself so much higher in all that marks civilisation, no one can bring physical circumstances to account for this fact, or assert that the life of children has greater danger under the German climate than in other lands of middle and northern Europe.

"If we now also consider the proportion of 20 per cent. remarked to exist in mid-Europe as a standard, although that of itself can in no way be regarded as the natural rate, we find that in Germany there are not less than 170,000 children annually made victims of the modern worship of Molock and of their immoral 'repressive checks' of Malthus. Had these remained alive, the annual increase would have been 1½ per cent.; or had they, which were far more desirable, never been born, the same increase would have been reached as before, but with the sparing of an immense amount of suffering, sin, and domestic disadvantages.

"If we could arrive at this point that, instead of 40 births there were but 30, and instead of 30 deaths only 20 in every 1,000 persons, the annual increase would remain unaltered, but in the place of a diseased condition of domestic life there would ensue a healthy one, and one of the ugliest features of German life would disappear."

INFANTILE MORTALITY IN HOLLAND.

In a remarkable work by Dr. Van Houten (*Bijdragen tot den Strijd.*) is the following, page 96:—

"It requires remark that the most fruitful marriages are in those provinces where the mortality of children is highest. Zeeland and South Holland were, according to the tables, from 1860-69, of 10,000 children of the age from birth to one year from 3,164 to 3,352 die yearly; the least fruitful in Friesland and Dreuthe, where the mortality of 10,000 living children was only 1,603 to 1,340. The fruitfulness of the marriages, which fills up the victims in their first year by new births is thus an unfavourable phenomenon, and in no ways a proof of greater increase in population. Probably, the cause lies in the non-suckling of the children by their mothers, who work out of doors. A medical journal lately gave a very distressing picture of the effect of field-work on the part of the mothers in causing sickness and death among their infants."

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According to Dr. Bertherand, there are one hundred and sixty-six centenarians in Algeria, thus proportioned: eighty-eight individuals 100 years old, one of 101, seven of 102, nine of 103, fifteen of 104, six of 105, six of 106, five of 107, one of 108, three of 109, eight of 110, two of 111, two of 112, one of 113, two of 114, four of 115, one of 117, and one of 118 years.

(a) Translated by Dr. C. R. Drysdale.

ABOUT BOOKS.

The Materia Medica of the Hindus. Compiled from the Sanskrit Medical Works. By Udoy Chand Dutt, Civil Medical Officer. With a Glossary of Indian Plants, by Geo. King, M.B., F.L.S., Superintendent of the Royal Botanical Gardens, Calcutta, and the Author. Calcutta: Thacker, Spink, and Co. 1877.

The medical practice of Eastern nations is a subject of no inconsiderable interest, and that of India has special claims on our study. Dr. Wise has published a valuable contribution to the history of the Hindu system of medicine, which we should gladly see completed, and the present work gives us an account of the materia medica, and to some extent the therapeutical notions, of the Hindus. It will be found useful to all who study the history of drugs, as well as to all who wish to acquire a knowledge of the medical notions now prevalent among our Hindoo fellow-subjects. The first part gives the mineral medicines employed, the second the vegetable, the third the animal. In the second, great care and trouble seems to have been spent in verifying the names assigned. Specimens of the drugs were often obtained from native doctors by the author, and then they were identified at the Botanic Gardens. There is further a glossary of Indian plants which the author had prepared for his own use, and which, with the aid of Dr. King, has been added to the work with the proper scientific synonyms. A very copious index completes the work. It seems to us that this book will be highly valued for various purposes, especially by those who are going to practise in India. The author has also been assisted by native physicians and others, for which he expresses his obligations, and says that this has enabled him to give information he could not otherwise have furnished. That this is so, will be readily understood when we mention that the vernacular, as well as the Sanskrit, names, are given, and that one peculiarity of the Sanskrit language, its numerous synonyms for material objects, is fully exemplified in materia medica, for some of the drugs have from twenty to forty names. Medical students of twenty years ago, and perhaps the present ones, often complained of the various names assigned to the same preparations, but thirty or forty names for one drug is a condition of things which alone would suffice to produce stagnation. But this is not all, for many names are common to numerous articles. It requires, in many instances, annotations to enable scholars to decide what is meant by a particular term. The author of this book has had before him a heavy task. He has added the original Sanskrit verses—for the important texts are all in verse—describing the preparation and uses of the medicines. These being in foot notes, do not interrupt the text, and, we should think, would prove useful to medical men studying the language.

In selecting what to translate, the author has preferred such texts as relate to the practical use of the drugs, and their appreciable effects on the system, rather than such statements as belong to an erroneous system of pathology and therapeutics. We have, therefore, the useful information as to what is best in the modern practice of the Hindus, what most nearly approaches scientific medicine, rather than the strange contrasts that might be afforded by a sketch of their doctrines.

The oldest Sanskrit work in medicine is the revered text of the "Charaka Sanhitá." An older work is named in it, and said to have been composed by Brahma. Charaka was apparently the editor, and he must have lived ages ago, for the names of modern Hindu gods and goddeses do not occur in the text, and beef was evidently not forbidden food, for it is spoken of as an article of diet which should not be eaten every day.

The next work, in point of age, is the Susruta Áyurveda, and is said to be the direct teaching of the Surgeon of Heaven, who descended to earth to teach the arts by which the gods preserve themselves. Susruta and others besought him for instruction, most of all in surgery, to which he was pleased to accede, as it was the most important part, on account of the frequent wars of the gods. Susruta took notes, and the text is accordingly chiefly devoted to anatomy, surgery, operations, and instruments. It includes obstetrical operations and poisons. The two texts named mark the highest phase of Indian medicine. They came to be regarded as sacred, and, therefore, cannot be changed. There are, however, other important writings, as that of Vágbhatta, which is apparently a compilation from the two former, and, of course, later. The two Nidána are not nearly so old. The Bhávaprakása is modern beside the others, and a compilation from preceding authors, but contains also information as to new diseases and new drugs. Dr. Wise estimates that it is only about 300 years old. Opium was much in use when it was composed; mercury had been employed in almost all diseases; syphilis, which had been introduced into India by the Portuguese, is described in this work. Besides these systematic works, there are in Sanskrit several works on diet and on the synonyms and properties of drugs. Others, too, give an account of the calcining and other modes of preparing the mineral medicines.

From such materials our author has gathered together and translated what he finds most important, and the result is a book full of curious information on the Materia Medica of the Hindus as taught in the Sanskrit verses, and practised down to the present day. We find the Hindus endeavoured to classify their drugs, just as our own professors of materia medica insist on doing, though without much profit. Charaka made fifty classes of medicaments, some of which correspond with our own, as emetics, diaphoretics, anodynes, &c., but the first class, "medicines which prolong life," we know nothing of. All parts of vegetables may be used, and the mode of preparation is sometimes the same as we employ, *e.g.*, powders, extracts, expressed juices, decoctions, infusions, &c. In the same way, medicines are introduced by the stomach and rectum as enemata and suppositories, and applied externally in various ways.

The chemical operations of the Hindus were only simple, and their mineral materia medica not extensive, though they employed precious stones. Sulphur is used in skin diseases, both externally and internally. In rheumatism and lameness it is also recommended in combination with bdellium. Mercury, though apparently unknown to the earlier writers, seems to be regarded as the most important drug of all. The principal name of mercury means protector, as it preserves man from all sorts of diseases, and the physician who knows not the use of this gift is an object of ridicule. Arsenic is used freely, and the power of iron as a tonic is recognised. Gold is much used as an alterative, and silver too (in the form of oxide) is given with or without gold. Borax was known in a remote period, and enters into the composition of various formulæ for dyspepsia. Chloride of sodium is less used than would be supposed. Carbonate of potash and soda are mentioned by Susruta, and used from early times both as alkaline remedies and as forming salines. Nitrate of potash was unknown to the ancient Hindus.

Passing to vegetables, we find first of all a considerable number of Indian plants which are said to possess certain properties; then there are drugs with which we are familiar, and to which we may allude. Aconite is used in fevers and other diseases; the power of this poison is highly developed in the varieties grown in hot climates. Opium, now so important a product of India, is not mentioned by the ancient Sanskrit writers, and was probably introduced by the Mussulmans, its name being derived from the Arabic. Its use seems to be more understood than that of many drugs. Aegle marmelos is widely used as a medicine, and has attracted some attention in Europe. The Bela tree is always found near the temples of Siva, to whom it is sacred, the leaves being used in the ceremonies. The unripe fruit, the dried pulp, the juice of the leaves, decoction of the root, &c., are employed, and the plant seems adapted for the treatment of disorders endemic to the climate, as is attested by Anglo-Indians. Mucuna pruriens has a peculiar reputation, and it is conjectured that the English name cowage may be from the Hindi *Kiwach*. Cassia is indigenous, and the beautiful *cassia fistula* tree obtains in Sanskrit a name signifying "King of Trees." The cassia sophora is called *Kásamanda*, or destroyer of coughs, and prescribed for that purpose; but the author does not find it is much used for this at the present day. The tamarind is found throughout India, and its properties were known in early times. The Arabians derived their knowledge of it from the Hindus, and named it *Tamare-hindi*, from which our word seems to have been taken. Catechu, as an ingredient of the betel-leaf chewed by the natives, is of course well known, and its astringent action is understood and utilised in diarrhœa. It is also used in diseases of the mouth and in skin diseases. The large Indian gourd eaten in curries is also thought to be a specific for hæmoptysis, but the older books do not mention this property. There is a prickly shrub of the euphorbium kind, which is sacred to the goddess of serpents, but of which the Hindus use the milky juice, not only externally but internally, giving it with other medicines as a drastic. Externally it is rubefacient. Indian hemp is used as *bhang* and in other forms for its intoxicating effects, and sometimes as a medicine. The author tells us that some castes among the up-countrymen and some Bengalis do not not use any narcotic, but that the ordinary run of orthodox Hindus, accustomed to their little excitements, use *bhang* without incurring the opprobrium that would result if they resorted to alcohol. Sugar is largely used in Hindu medicine; the cane and the manufacture were known from early times. The Sanskrit name *Sarkara* in Arabic became sakkar, and in latin, the familiar saccharum; candy, too, can be traced back through the Arabic *kand* to the Sanskrit *khanda*. This part of the book closes with the products of fermentation, of which many are mentioned.

The animal materia medica is less attractive. Leeches were known at a remote period. Eight sorts of honey are described by Susruta, and wax is used for ointments. Serpent-poison has only been used in recent times, but musk has long been known. The properties of the milk of various animals have been described in great detail by Sanskrit writers. All, except human milk, are advised to be taken boiled. Butter-milk, whey, butter, &c., are also described. Bile is used as a laxative. The urine of various animals, especially the cow, is minutely described, and used in anasarca, urinary diseases, colic, jaundice, leprosy, &c. The properties of the flesh of various animals are also distinguished. With regard to the prescriptions, we observe they are characterised by that complexity which has always marked medicine, save in its latest stage.

We have selected only such points as we thought likely to be of most interest, and have to thank the author for the care bestowed on the work.

Lunacy in its Relations to the State. By Sir JAMES COXE, M.D., F.R.S.E., &c. London: Sampson, Low, Marston, Searle, and Rivington. 1878.

THE author of this pamphlet is a Commissioner in Lunacy for Scotland, and, therefore, possesses every opportunity of being familiar with the Scotch system, which he compares with the English. In some points the former seems to be the more likely to meet with the approval of the public. Sir J. Coxe's work may be regarded as a commentary on the evidence taken in the last session by the Committee of the House of Commons on our lunacy laws, and it might be read with interest outside the profession. In some cases he surprises us with the almost non-medical aspect of his views. He is not disposed to regard medical men as in all cases the only fit judges of a person's sanity, nor does he bow altogether to experts. He sees, too very clearly the drift of opinion among those engaged in lunacy practice, and shows in some points how different evidence might have been obtained from general practitioners who are more intimately associated with the feelings and wishes of families. He comments forcibly on the low rate of recoveries in asylums, and the tendency to aggregate large numbers in such buildings, and with regard to the witness who saw no difficulty in dealing with 5,000 patients, observes that such an amount of supervision as a medical man could exercise over such a number must be merely nominal, so that this treatment would degenerate into routine, or his duties be discharged by assistants, and he might have little knowledge of what was really done under his authority. The chief difference between the English and Scotch administration is, that in England more than a third of the reported lunatics are beyond the pale of the lunacy laws; whereas, in Scotland, every reported case comes within the scope of the statutes, and is dealt with according to the same forms, whether the patients are paupers or not. It is certainly worth considering whether in this and other points the practice of the two kingdoms might not be assimilated with advantage.

We have read this pamphlet with interest, and although scarcely prepared to endorse all the author's views, have been pleased with the judicial calmness with which they are put forward. In concluding, Sir J. Coxe suggests that a Royal Commission might elicit valuable information, which could not be obtained by a committee.

A Clinical Account of some Cases of Intra-Laryngeal Growths. By George M. Lefferts, M.D., Professor of Laryngoscopy at the New York College of Physicians and Surgeons. New York, 1878.

This pamphlet is a reprint from the *New York Medical Record*, of some fully detailed cases treated by the author, and is illustrated with wood cuts to show the exact nature of the cases. The first case is a most satisfactory proof of the value of operative procedures. Dr. Lefferts, in four sittings, completely removed a large growth occupying about half the glottic aperture. In the second case the glottis was occluded to a remarkable extent by papillomatous growth producing excessive dyspnœa. Yet Dr. Lefferts determined to give his patient the benefit of his skill in intra-laryngeal operations, and avoid, if possible, tracheotomy. He removed at the first sitting the part which overhung the glottis, and thereby enabled his patient to breathe easily for the first time for months. This case may not astonish specialists of great experience, but it shows us in the light of recent statements on this side of the Atlantic, it might well be taken to heart by general surgeons, and even laryngoscopists. The other cases, too, are admirable proofs of the value of the intra-laryngeal method in the hands of skilful operators. We congratulate Professor Lefferts, and commend a study of his experience to all whom it may concern.

Papers on the Plant Gynocardia Odorata, from which the Chaulmoogra Oil is obtained. By Richard C. Lepage. London: Trübner and Co. 1878.

Chaulmoogra Oil, or *Oleum Gynocardiæ*, is well known in India, where it has been in use for ages. The seeds of the plant are now in the Indian Pharmacopœia, and the oil is expressed from them; but it is so much adulterated by the natives that many place little confidence in it. Others use it in leprosy, skin diseases, and syphilis. The dose is only five or six drops. Dr. Mouat tried it many years ago. Mr. Lepage's pamphlet is a collection of the most reliable information on the drug, and may be recommended to all who wish to know about it.

Treatment of Chronic Eczema by Glycerole of Sub-acetate of Lead. By Balmanno Squire, M.B. Second Edition. London: J. and A. Churchill.

In this edition Mr. Squire has added an appendix, in which he gives an improved form of ointment which might be substituted for the sub-acetate of lead ointment of the Pharmacopœia. It is glycerole of the sub-acetate 6, vaseline 28, mix. This keeps any length of time, and is otherwise far superior. The glycerole is now so freely employed by the profession that most retail chemists keep it in stock; and no doubt the ointment proposed will gradually displace the older form.

LITERARY NOTES.

"What am I?" is the title of a valedictory address to the medical graduates of the University of Louisville, which has been published by request, and which we have been pleased with the opportunity of reading. The lecturer, Dr. J. M. Bodine, touches on some of the great problems of thought, and shows how inadequate is mere medical or scientific training to cope with them. He commends—wisely, we think—the study of logic, and points out some of the temptations to which medical men are peculiarly exposed. He repudiates the notion that there is no immortality for man. While he finds the aspect of the brute creation one of happiness, he sees how different is the experience of man, and argues that if we have no future—"of all God's creation the grandest figure is the meanest." He touches on the mystery of pain, but this it is impossible to elucidate in a lecture. He has no fear of the Darwinian theory, nor does he see that it overturns religion, but he puts it on a different level to many. He sees in Nature the finger of God, and, in reply to many objections, says—"The Great Physician of Souls, against whose system the mighty men of philosophy, science, and historical criticism set themselves, stands still the central figure of time, while the challenge rings out over the fields of investigation as clear and clarion-toned as when it pealed like a trumpet of doom in the ear of perplexed Pilate—'What will you do with Christ?'"

Dr. E. Squibb sends us a reprint of a useful "Note on Hydrobromic Acid" republished from the Transactions of the New York Medical Society. He shows that the formulæ published by Fothergill and others are very defective, and offers a much better one, so that our pharmacists ought to be prepared to supply us with a dilute acid adapted to the wants of practice, and of which chemistry need not be ashamed.

We have received the "Supplementary Medical Report of the results of the first year's working of the Liverpool Seamen's Dispensary," by Frederick W. Lowndes, M.R.C.S., and Armand Bernard, M.B., Surgeons to the Dispensary, which contains information interesting to those concerned in the welfare of sailors.

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AT THE SOCIETIES.

AT THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

At the meeting of the Society held 26th March, Dr. George Thin read a paper

ON THE CONDITION OF THE SKIN IN TINEA TONSURANS,

in which he described the appearances seen in section through the entire thickness of the skin of a horse affected with ringworm. The spores of the tricophyton tonsurans are found amongst the most superficial scales of the horny layer of the epidermis. They are found in the cutis only in the shaft of the hair, and between the shaft and the internal root-sheath, hair-root, or hair-papilla, or connective tissue surrounding the hair-follicles, in no living tissue in fact. The changes observed in the cutis and rete mucosum, are of an inflammatory nature. The spaces between the bundles of connective tissue are more or less infiltrated with colourless blood-corpuscles (pus-cells), the walls and immediate neighbourhood of the blood-vessels being thickly studded with them. Retrogressive changes are found in the nuclei of the cells of the rete mucosum, and at some parts the epidermis has completely broken down, leaving the cutis denuded. In the latter case the surface is found covered with pus-cells. Small localised abscesses are found in the internal root-sheath and in the rete mucosum. The author suggested that these changes are due to irritation, produced by the absorption of soluble matter set free during the growth of the fungus. The parasite feeds upon effete epidermic structures, and can only assimilate by decomposing them. The incapacity on the part of the fungus to exist in living animal tissues explains the *modus operandi* of the very numerous methods of curing ringworm. Many of the substances applied are simple irritants, whilst the paraiticides in common use are also irritants. Inflammation, when sufficiently acute, cures ringworm, as is shown by the fact adduced by the author, in which a simple wound through a ringworm spot cured the whole patch. It is thus that the beneficial effect in chronic case of a continued slight congestion is explained.

Dr. F. TAYLOR said he was engaged in a similar examination of a portion of the scalp of a child affected with ringworm, and so far as he had gone his results agreed with those of Dr. Thin.—The PRESIDENT said that according to his experience, ringworm was more prevalent among the children of the better classes than among the poor, and Dr. Thin said it was certainly more common in London than in many other places.—Dr. THIN added that the best method to prepare the skin for microscopical purposes was to harden it in alcohol, and after making thin sections, to place them in water, and then in caustic potash.

Another paper was read by Dr. LAIDLAW PURVES, on the

RESULTS OF 100 CASES OF PARACENTESIS OF THE TYMPANIC MEMBRANE.

Of the different methods employed—the knife, the trephine, acids, oils, and ointments, pancreatine, and the galvano-cautery—the galvano-cautery, combined with pressure and ointments, is preferred for maintaining or attempting to maintain a permanent opening, but the maintenance of such is exceptional. The frequent repetition of the paracentesis causes a permanent thinning at the spot perforated, which acts to a certain extent in the same way as a perforation. Of eighty-three individuals operated on, forty-six were benefited temporarily or permanently. In cases of tinnitus one-fourth were benefited. In acoustic affection no improvement occurred. Of thirty-nine cases of cataractous drums twenty-three were improved; five out of seven relaxed drums improved. Of twenty-one paracenteses for the removal of substances from the cavity fifteen were benefited.—Mr. DALBY said that, excluding Astley Cooper's practice, the first in this country to advocate operations on the tympanic membrane was the late Mr. Hinton, in 1868; and he had seen him perform the operation two or three hundred times. But his opinion had changed since then. In many cases in which the operation is performed, there is no fluid in the tympanic cavity, but either thickening of its lining membrane, or inspissated and altered secretion. In such cases paracentesis could do no good.—Mr. C. BROOKE said he was in 1817-18, the subject of that operation at the hands of Sir Astley Cooper. The operation was for deafness from enlarged tonsils, and was attended by complete relief. How long the openings remained patent he could not say.—Dr. C. BRANDEIS spoke in favour of the operation. A permanent opening might, if necessary, be effected by resorting to excision of a portion of the membrane. Not only is the division of the drum membrane seviceable in such cases in which there is a morbid secretion or an obstruction in the normal aeration of the tympanic cavity, but it is called for in cases where there is a disturbance of the natural contour of the membrane, or an anchylosis of the chain of bones, or an impaction of the stapes in the fenestrum rotundum. In these cases paracentesis of the membrane in the posterior inferior quadrant will serve to admit the sound waves directly into the tympanum, whence they can reach the lamina membranacea covering the fenestrum rotundum, and thus reach the labyrinth. The division of the membrane, however, is only of temporary service; it is necessary to maintain a permanent opening if any lasting improvement is to follow. This is best done by introducing a small aluminium canula, as recommended by Voltolini, a millimetre and a half in diameter, and from six to nine millimetres in length. The great difficulty met with is the tendency of the membrana tympani to throw off any foreign body, and this can best be obviated by a consideration of the configuration of the parts. At the proximal extremity of the external meatus there is a normal depression of the canal, and the distal end of the canula must rest in this depression, while the other end impinges upon the inner wall of the tympanic cavity, in order to prevent a displacement of the tube.—Mr. CUMBERBATCH agreed with Mr. Dalby as to the necessity of restricting the operation to cases of fluid accumulation in the tympanic cavity.—Mr. LENNOX-BROWNE was of a similar opinion, and that it was also applicable to the class of cases in which Dr. Purves had been most successful, namely, those of lax membrane which had been cured by cicatrices of repeated punctures.

AT THE CLINICAL SOCIETY OF LONDON.

FRIDAY, MARCH 22ND, 1878.

CASES OF EFFUSION INTO THE PLEURAL CAVITY.

Dr. W. H. BROADBENT read notes of three such cases.

CASE 1. *Rapid Effusion of Bloody Fluid into the Right Pleural Cavity at the age of 76; Paracentesis; Recovery.* A gentleman æt. 76, under the care of Mr. Meehan and Dr. Broadbent, unusually vigorous for his years, who had for a few days suffered from dyspnœa after exertion, was found on May 16th, 1877, to have fluid in the right side of the chest up to the level of the nipple; the heart and other lung being sound. Next day the pleural cavity was nearly full, and on the following day quite full. The patient could not now turn in bed without serious shortness of breath. Under these circumstances, paracentesis was considered to be urgently required; and after consultation with Sir William Jenner, was performed on May 19th. Eighty ounces of fluid were withdrawn. The fluid had almost the colour of blood, and rapidly deposited a layer of blood corpuscles nearly an inch thick. Notwithstanding this, the patient made a good recovery, and still remained well. The points worthy of remark in this case were considered to be—2. The rapid effusion of the fluid, which was unexampled in the experience of the reporter. 3. The large amount of blood which, with the rapidity of the effusion, was suggestive of maligunancy. This, however, might be considered as set aside by the recovery and present good health of the patient. Probably the cause was undue exertion. 1. The age of the patient. Advanced age was taken by Dr. Broadbent as a reason for early operation when the pleural cavity was full of fluid. The patient was then less able to bear a long illness, and the want of elasticity of the structures rendered the pressure effects more dangerous, and prevented the falling in of surrounding parts during resorption, should the lung fail to expand.—CASE 2. A second illustration of recovery after paracentesis thoracis in advanced life, was a case of pleurisy with effusion, at the age of 73. The patient, a billiard maker, was admitted into St. Mary's Hospital on September 24th, 1874, with all the signs of effusion into the left pleural cavity, filling it completely, and displacing the heart. On October 6th, five pints of clear fluid were drawn off; and on the 17th, he left the hospital convalescent. He resumed his occupation, and was well twelve months later, but died in 1876.—CASE 3. *Pleurisy of the Right Side, with Effusion; Sudden Death.*—A gentleman, æt. 24, of a phthisical family, but personally healthy, began to suffer pain in the left side in August, 1877; a fortnight later he was compelled, by shortness of breath, to give up cricket and violent exercise generally, but he continued to go out up to September 24th, when Mr. Wigmore was called in; and finding signs of fluid in the left pleural cavity, confined him to his room. On September 28th, the patient was seen by Mr. Wigmore and Dr. Broadbent in consultation, and it was agreed that paracentesis should be performed next day at 4 p.m. There had been no dyspnœa nor other urgent symptom. At 6 a.m., on waking up after a good night, he was suddenly seized with shortness of breath; and after a struggle of two or three hours, died. A *post mortem* examination could not be obtained; but probably the cause of death was thrombosis in the veins of the compressed lung extending to the heart.

MEDICAL OPINION.

THE CONJOINT SCHEME AND THE GENERAL MEDICAL COUNCIL.

THE *Medical Press* says:—

The important resolution that there should be, in the opinion of the Council, a Conjoint Board for each division of the United Kingdom, has certainly been carried. But how has it been carried? By the small majority of four.

We have the English College of Physicians and the English College of Surgeons, both representing to the Council their extreme regret and disappointment that the Bill altogether fails to provide for that compulsory establishment of Conjoint Examining Boards for each division of the United Kingdom, for which both of these colleges have been labouring and co-operating with other English authorities for many years, and for which they both, especially the College of Surgeons, have been ever ready to sacrifice their own individual interests and independence of action. "Far from encouraging," says the College of Physicians, "the English authorities to bring into operation the scheme which, after long and unremitting efforts and overcoming innumerable difficulties, they had completed and were prepared to make trial of, this Bill would compel them to abandon the scheme, and all hope of reaping any fruit from their labours." We have the President and Vice-Presidents of the College of Surgeons reminding the Council that if the Bill becomes law it could hardly fail to be deemed an expression of indifference on the part of the Legislature to that which the largest and weightiest consent of skilled authority has long recognised to be the chief evil of the present system; the evil of nineteen and (in principle) competing examining boards with the privilege allowed to each separate authority to grant registrable titles, which shall be valid throughout the British Empire. We have had, moreover, a petition signed by 9,000 medical practitioners, as well as the whole press, both lay and medical, in favour of making a far more radical change than that now contemplated. Yet, in the face of all these urgent and *ex cathedrâ* representations, we find that, at the last moment, a large proportion of the General Medical Council have voted, not only against making the Conjoint Scheme compulsory for the three divisions of the United Kingdom, but, to speak the truth, against the very principle of Conjoint Schemes in any shape.

It is unnecessary to repeat the very forcible arguments that have from almost all quarters been urged in favour of Conjoint Boards. Our readers must be by this time pretty familiar with them; and most of these arguments have been recapitulated in the able speeches of Dr. Quain, Sir Wm. Gull, Dr. Storrar, Mr. Simon, and one or two other members of the Council. But what arguments, it will be asked, have been advanced on the other side, what arguments sufficiently strong to induce ten of the twenty-four members of which the Council is composed to oppose a scheme which has, in this country, been all but unanimously accepted? We regret to say they are of the flimsiest character, so few in number, and so feeble that it is evident that the judgment of these obstructive members of the Council has been much warped by prejudice, and by a too great deference to old customs and associations. As Dr. Rolleston said, no argument worthy of the name has as yet been advanced by the opponents of the Conjoint Scheme. One of Dr. Wood's strongest arguments was, that the present state of things was all that could be desired. Very great progress had been made in the advancement of medical education and examinations. The Medical Council had, in spite of what its detractors might say to the contrary, accomplished much. The Scotch diplomas were all that could be desired, and it was false to allege that the Scotch bodies allured students from different parts of the kingdom by the lowness of their standards. If, then, such progress had been made, what need was there for any great measure of legislation? None. Then the scheme would not work, and it would not establish the uniformity in the examinations which was aimed at. How, moreover, would it be possible for a Conjoint Board to find time to examine the large number of candidates that would appear before it? Nor were vested interests forgotten by this great champion of the Scotch corporations. Dr. Wood was surprised that the English bodies should agree to the proposed scheme because it robbed them of their *raison d'être*, and took from them the right of examining independently their own men. They would be parting with their identity, their autonomy, and individuality. Another argument was that a Conjoint Board Scheme would tend to lower the standard of education, and that it would bring the qualifications down to one dead level. The former of these objections is certainly a very ingenious one on the part of those Scotch and Irish bodies who have never, except on compulsion, done anything to raise the standard of professional education, and with respect to the "dead level," it would be better to bring the qualifications down to a dead level, provided it were a good one, than to put up with the inequalities that now exist among the nineteen examining boards. Dr. Turner's reasons for voting against the Conjoint Scheme were still more puerile, and were certainly not worthy of his usually well-balanced mind. He took a sort of *laudator temporis acti* view of the question, and said that it should be regarded from the historical point of view. "They (the corporations) were ancient bodies, and there was nothing to prove that they had in any way betrayed their trust." As for an uniformity in the examinations, he did not think that it was attainable. Each examiner would have his own standard, and this would vary in the same way from such trifling causes as a fit of indigestion. To secure such uniformity it would be necessary to have all candidates examined by one examiner always in the same state of health!

Such were the sophisms by which (with two exceptions) the delegates from the Scotch and Irish bodies sought to justify the repugnance they had to any kind of Conjoint Board, and the attempt they had been making to "squeeze," as Dr. Humphry said, the Conjoint Examination out of the Bill. We need scarcely say it was a comparatively easy task to refute these arguments. It was not difficult to show that the examinations of some of the Scotch examining bodies were of too low a standard, and that, as Dr. Quain well put it, candidates were crossing the Tweed every day, and coming back with qualifications at a less expense, both to money and brain power. Indeed, it is a matter of common observation at Apothecaries' Hall, that men who have been previously rejected by that examining body, frequently return to it after having obtained one of the Scotch diplomas or licenses. As for the Conjoint Scheme lowering the standard of medical education, it would rather tend in the opposite direction. The objection, said Dr. Humphry, was based on misapprehension, because this so-called evil will go no further than instituting an uniform minimum qualification, as the universities and other bodies will still have the power of making their degrees as severe as they please. We may add that there is nothing in the principle of the Conjoint Scheme to prevent the examiners making the standard of examination even much higher than it is at present; and for reasons we gave on former occasion, so far from lowering the standard, the new system might even tend the other way, and, if there was no other Conjoint Board in the United Kingdom, it might through the higher standard of its examination, be the means of driving students to those examining bodies where they could obtain a license on easier terms. Nor was it less absurd to talk of the difficulties in the way of examining a large number of candidates. It was surprising to hear a physician of Dr. Wood's standing, urging such an argument against the Conjoint Scheme; an argument which was sufficiently answered when Dr. Storrar said that the University of London found no difficulty in examining large numbers of candidates, and instanced in addition that the College of Surgeons examined without difficulty 500 candidates at its primary, and 300 at its second examination.

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THE CRISIS OF MEDICAL REFORM.

THE *Medical Press* says:—

Our journal of last week was, perhaps, more pregnant with the future interests of the profession than any which has reached the hands of our readers for the last twenty years. We reported the debate in the Medical Council upon

Professor Humphry's motion, which declared emphatically that "no medical legislation relating to examination will be satisfactory which does not provide for the formation of an examining board in each of the three divisions of the kingdom," and we recorded the gratifying intelligence that, in the teeth of every opposition which the Scotch Colleges, the Queen's University, and—we blush to say it—the Irish colleges could offer, the resolution was carried by a majority of 14 to 10. In favour of reform—*i.e.*, for the resolution—were the President of the Council, the representatives of all the London colleges, of all the English universities, and of the Irish Apothecaries' Hall, and, with the exception of the Scotch nominee, of all the Crown representatives in the Council. For resisting reform, *i.e.*, the *status quo*, were the Scotch Crown representative, to whom we have referred, and the representatives of every Scotch and Irish college and university, the honourable exception being Dr. Leet, as above noted. This resolution, coming from a body notoriously averse to reform, and essentially representative of the personal interest of licensing bodies, as distinguished from the general interests of the public and the profession, cannot fail to influence powerfully the Duke of Richmond to amend his bill, and to stimulate the profession to make its voice heard on the subject. If his Grace can read the division aright it will teach him another lesson worthy of his consideration. It will show him that nearly one-half the Council is ready to exercise its most powerful influence in diametric antagonism to the feeling of the profession, and that the Medical Council is, therefore, only in a limited sense, representative of the opinions of the medical profession, for we assert emphatically, and without fear of contradiction, that, if it were possible to poll the entire medical profession, outside the circle of those who have personal interest in teaching, at least three out of every four votes would be for reform of the present system, and for compulsory conjoint examination as the mildest measure of reform. A majority of the Medical Council has certainly spoken out the opinion of the medical profession, but the verdict thus delivered derives far greater importance from the number and nature of the minority than from the fact that a narrow majority decided in favour of medical reform. Of that majority it may truly be said that they express the opinions only of the most timid, most conservative, and least decided section of the profession—of those respectable elderly gentlemen who, experiencing no discomfort from the competition of half-licensed practitioners, who have been for half-a-century educated to a tolerance of diploma-vending, who think that abuses of all sorts are best left to settle themselves—and even this section of the profession feels conscientiously that the abuses of medical education and licensing have risen beyond the toleration point, and the majority of the Medical Council has accordingly decided in favour of reform. But what has it been left open to be said of the minority? That they are the representatives of nothing but pocket interests of colleges to whom the earning of fees and the selling of diplomas is dearer than either principle or future prospects; of lecturers and teachers to whom medico-educational improvement signifies only the loss of so many pounds, shillings, and pence. That the General Medical Council contains ten such members—gentlemen who are content to vote and speak in direct variance with the feeling of the profession, ought surely to convince the Duke of Richmond that a *pronunciamento* in favour of medical reform by the General Medical Council needs to be multiplied tenfold in strength and emphasis before it can be taken as representing the anxiety of medical men for some measure which will rescue medicine from the control of the licensing corporations.

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Arsenic in Violet Powder is said to be in the market, and to have killed some poor babies. It is suggested that arsenic is cheaper than starch, and was therefore used to the extent of 25 per cent. Is this credible?

IN THE LABORATORY.

NEW EXPLOSIVE.

It is stated that a new explosive agent has been discovered by Professor Emerson Reynolds, in the Laboratory of Trinity College, Dublin. It is a mixture of 75 per cent. of chlorate of potassium with 25 per cent. of a body called sulphurea. The new explosive is a white powder which can be ignited at a rather lower temperature than ordinary gunpowder, while the effects it produces are even more remarkable. It leaves only 45 per cent. of solid residue, whereas common gunpowder leaves about 57 per cent. It has been used with success in small cannon, but its chief use will probably be for blasting, for shells, for torpedoes, and for similar purposes. One of the advantages this powder possesses is that it can be produced at a moment's notice by a comparatively rough mixture of the materials, which can be stored and carried without risk so long as they are separate. The sulphurea, the chief component of the new explosive, was discovered by Dr. Reynolds about ten years ago, and could be easily procured in large quantities from a product of gas manufacture which is at present wasted.

NOVELTIES.

PAPER LINT

Has been introduced into hospital use in Philadelphia by Dr. W. W. Keen. It is much cheaper than other lint, and answers well, so will probably soon be tried in London. Dr. Keen introduced waxed paper some years ago as a substitute for oil silk, which it has displaced in his hospital. It is prepared from French tissue paper. The paper lint is made in sheets of twelve and eighteen inches, and consists of a pure paper felt. It is not quite so pliable as patent lint, and therefore on very uneven surfaces, as the ends of stumps, does not so readily adapt itself to the inequalities of the surface. On all moderately even surfaces it is described as fully equal.

JOTTINGS FROM JOURNALS.

The Musculus Choroideæ.—With the object of examining the separate cells forming the capillary vessels of the choroid, Drs. Hällsten and Tigerstedt injected a one per cent. solution of nitrate of silver into the vessels of the eye of a rabbit, through the carotids. To obtain the transudation of this solution, and thus a more complete impregnation of the silver, they filled the vessels completely with the fluid, using considerable pressure, and allowed the preparation to remain for twenty-four hours in a dark room. The choroid was then submitted to the ordinary methods of examination. They were thus enabled to define the limits of the endothelial cells which form the lining of the capillary vessels of the choroid, and to demonstrate, in opposition to Eberth (Stricker's Histology, p. 208), that these vessels are composed of cells. During the course of these researches, however, another entirely unexpected formation was discovered. In preparations of the choroid, obtained in the manner described above, they observed figures, due to the silver, representing thin, slender, fusiform cells, dentated at the margins and having an elongated oval nucleus. These cells, in a single layer, formed a continuous membrane, covering the entire external surface of the capillary vessels over the entire extent of the choroid. Careful examinations made with various other methods left no doubt in the minds of the authors that these were smooth muscle cells. This was still better demonstrated by the fact that they were able to provoke contractions in pieces of the choroid by the irritation of a heated metallic needle. The authors propose the name of the *musculus choroideæ* for this muscle. In the rabbit it extends in a simple, uninterrupted layer from the foramen opticum of the choroid to the ora serrata, and then passes over into the ciliary muscle. The fusiform elements are disposed in such a manner that they follow by preference the more considerable external blood-vessels. Their direction is therefore principally meridional, except that in the vicinity of the optic foramen they are in part circular, becoming completely so at the ora serrata. This circular layer passes at the ora serrata immediately over into the external circular portion of the ciliary muscle. The authors were unable to discover any connection between the muscle of the choroid and the iris muscle. It is finally mentioned that this muscle is present in the eye of man, the dog, cat, and pigeon. Further researches are being being made.—*Nordiskt Medicinskt Archiv. Bd.* 9. H. 3, 1877. *New York Medical Record.*

Primary Otitis Externa Diphtheritica.—Another case of this rare disease is reported by Dr. Kraussold, of Frankfort. The patient, a woman, æt. 22, had suffered for several weeks from a slight inflammation of the right external auditory canal with serous discharge, when she was suddenly seized with severe pain in the right ear, accompanied by tinnitus, deafness, a feeling of fulness, itching, and symptoms of general derangement. No cause could be discovered for this attack. The auditory canal was nearly filled with a greyish-white mass, which on account of the great tenderness of the part could not be removed either by syringing or the forceps. On the second day a portion of this mass was removed with the forceps, leaving a very red, swollen, and partially excoriated spot. On the next day this spot was again covered with a similar deposit. On the fifth day a cast of the deeper portions of the tube, about half an inch in length, was removed with the forceps. The entire posterior portion of the canal was then found to be red, swollen, excoriated, and bleeding in spots. After three or four days this part was again covered with membrane, which was extracted after seven days. At the present time recovery is nearly complete, there being still a slight purulent discharge and some retraction of the drum. The cast removed on the fifth day consisted of a greyish-white, dense, elastic mass; microscopically it was composed of delicate, reticulated fibres, with a few scattered round cells, and pus corpuscles and epidermic cells at the periphery. No typical micrococci groups were found. There was a slight epidemic of diphtheria in the city at the time this case occurred, but a direct infection could not be demonstrated. In this case the swelling and excoriation produced by the preceding simple inflammation of the auditory canal prepared the tissues for the reception of the diphtheritic poison. Without this preparation, it is probable that primary diphtheritic inflammation could not have occurred in this situation. Secondary diphtheritic inflammation of the middle ear may extend through a perforation in the membrana tympani into a healthy external auditory canal, but no case has yet been reported in which the disease appeared primarily in this canal as long as the epidermic covering remained intact. —*Centralblatt für chirurgie,* No. 38, 1877.—*New York Medical Record.*

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NOTES, NEWS, AND GOSSIP.

The late Dr. de Pascale.—We regret to have to record the death of Dr. de Pascale, of Nice, who died on the 5th of April in the 60th year of his age. Dr. de Pascale was a Neapolitan, had taken an active part in his country's troubles, and eventually retired to Nice, where his amiability and accomplishments secured him numerous friends among all nations. He spoke English very fluently, and enjoyed the confidence of many English friends and patients.

The late T. Carr Jackson.—It was lately announced that Mr. Thos. Carr Jackson, F.R.C.S., after a long illness, was about to resume his practice in Harley Street. We regret to announce that the hope he thus cherished was to be disappointed. After the announcement referred to he became worse, and died on the 23rd of April, aged 55. He was devoted to his profession, and his numerous medical friends regarded him with affection and esteem.

The late Mr. Arthur Noverre died rather suddenly last week. He enjoyed an extensive general practice in the West-end of London, and was highly esteemed.

Royal College of Surgeons.—Sir Joseph Fayrer, Mr. Oliver Pemberton, and Dr. Norman Chevers are among newly-elected Fellows.

Mr. Erasmus Wilson, F.R.S., has resigned the Professorship of Dermatology which he so generously founded at the College of Surgeons. It is is probable that Mr. Jonathan Hutchinson will succeed him in the chair.

Mr. Nettleship has been elected to succeed Mr. Liebreich as Ophthalmic Surgeon to St. Thomas's Hospital.

Women Doctors.—For the first time in Holland the degree of Doctor of Medicine has been conferred upon a lady, Miss Aletta Jacobs, who has announced her intention to practise in medicine at Amsterdam.

Heating a City by Steam.—The experiment of heating Lockport, N.Y., by steam has proved, it is claimed, highly successful. Three miles of pipe properly covered with non-conducting material laid under ground through some of the principal streets radiate from a central boiler house, and fifty different dwellings and other edifices, including one large public school building, have been thoroughly warmed all winter. Dwellings more than a mile distant from the steam generator are heated as readily as those next door. Steam meters are provided, so that each consumer pays for what he consumes. It is claimed that the system can be developed so as to furnish steam at fifty pounds pressure transmitted through twenty miles of pipe.

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DEATHS.

Appleton.—On March 15, at York, John Grigg Appleton, late of Luton Beds, aged 75.

Atwood.—On April 7, suddenly, William Allen Atwood, L.K.Q.C.P.I., M.R.C.S.E., of Ladbroke Grove, Notting Hill, aged 47.

Burch.—On April 3, at Vauxhall Bridge Road, Sampson Kingsford Burch, M.R.C.S.E.

Cloran.—On March 23, at Loughrea, co. Galway, John Joseph Cloran, L.A.H., aged 63.

Creighton.—On April 10, at the Crescent, Salford, Louisa, second daughter of Joseph Creighton, M.D.

Drew.—On April 9, suddenly, at the house of a friend, Salisbury, Walter H. Drew, M.R.C.S., L.R.C.P., of Tufnell Park, London, aged 33, only son of H. P. Drew, M.R.C.S.

Ebden.—On April 13, at Rondebosch, Cape Town, Laura, wife of Hy. A. Ebden, M.D., late of the Hon. East India Company's Service. (*By Telegraph*).

Elliot.—On April 6, at Bellingham, John Elliot, L.R.C.S.Ed., aged 67.

Evans.—On March 28, at Cheetham, Manchester, Thomas Evans, M.R.C.S.E., aged 25.

Fitzgerald.—On April 7, at Carrick-on-Suir, co. Tipperary, Alexis Fitzgerald, L.R.C.S.I.

Griffith.—On April 12, at Ventnor, John Clewin Griffith, M.A., M.B., aged 45.

Hide.—On April 6, at Park Road West, Brighton, John Hide, L.R.C.P.

Hoyland.—On April 2, at Hilden, Tunbridge, Emily Priscilla, wife of Chas. W. Hoyland, F.R.C.S., aged 69.

Job.—On March 28, at Upper Merthyr Tydfil, John Job, L.R.C.P.L., Dowlais Ironworks, Glamorganshire, aged 27.

Jones.—On March 28, at Brentford, John William Jones, Surgeon, aged 74.

Kelson.—On April 1, at Great Marlow, Bucks, Geo. Kelson, F.R.C.S., aged 82.

Kingston.—On April 7, at Walton, Suffolk, William Young Kingston, M.D., aged 30.

McKittrick.—On April 4, at Newtownards, Dr. Robert Orr McKittrick, formerly of Holywood, aged 83.

Mack.—On March 31, at Colmonell, Ayrshire, John Steele Mack, L.R.C.S.Ed., aged 35.

Maclagan.—On April 4, at 14 Melville Street, Edinburgh, Jane, widow of David Maclagan, M.D., F.R.S., late Surgeon in Ordinary to the Queen in Scotland, aged 88.

M'Loughlin.—On March 30, at Abbeyleix, Queen's County, Gordon M'Loughlin, L.A.H. aged 35.

Orr.—On April 3, at Vauxhall Bridge Road, Robert Scott Orr, Surgeon, aged 51.

Shea.—On March 14, at Diep River, Cape of Good Hope, Henry D. Shea, M.D., R.N., Deputy-General Inspector of Hospitals, aged 66.

Warcup.—On April 4, at Scarning, Norfolk, William Mark Warcup L.R.C.P.Ed., aged 34.

THE DOCTOR.

LONDON, JUNE 1, 1878.

Multum in parvo.

THE UNIVERSITIES AND THE PROFESSION.

That the Universities are under some obligations to the profession and to medical learning, has always been admitted. What those obligations are is not so clear. Some seem to think that the Universities should set the tone of medical education, and be content. Others fancy they should content themselves with promoting the highest order of medical knowledge. Others hold they should help research.

It is a common idea that one function of the Universities is the manufacture of doctors, while this notion is scouted by those who would be content to leave that duty to other corporations. Whether the Universities should each possess a complete medical school has lately been freely discussed, and at times the controversy has waxed hot. The elder Universities have been accused of neglecting their duties in this respect, nay, Oxford has been roundly charged with robbing the profession of its birthright by diverting medical foundations to other purposes.

We do not propose to enter upon this dispute, the truth about which will no doubt ultimately be made manifest; but we prefer to confine our present observations to some other points of interest to our readers.

First of all we may say that every step towards linking the profession more closely with the national seats of learning meets with our approval, and we should rejoice to see Oxford and Cambridge both set their seal on a larger number of medical men. There are men in our ranks possessed of the learning most prized at Oxford and Cambridge, but who can never obtain that seal. Is it impossible that their successors should be attracted within the pale? We trow not. Some changes point clearly to an awakening, especially at Cambridge, to the claims of science and medicine, and we may hope that the list of graduates will increase year by year, both there and at Oxford. Whatever may be done about the establishment of complete medical schools, some arrangement ought to be made which would enable the ardent follower of medicine to enrol himself at the Universities. If the unrivalled clinical opportunities of London must attract the aspiring physician to the great hospitals, surely a recognition of work there accomplished should be tendered to a sufficient extent to bring back the son to his *alma mater*. We are not sure that even more might not be done in this direction. We are sure that the subject is worthy of the attention of all lovers of the profession, as well as of all well-wishers to the Universities. Dublin and Edinburgh have famous schools, of which their sons are justly proud. Dublin has long been recognised by Oxford as her equal, and the *ad eundem* English degree is attainable by Irishmen.

Is there no way in which the principle here involved might be extended? Could not Oxford and Cambridge recognise work done elsewhere as rendering men eligible for some kind of acknowledgement? If teachers can be called to the Universities on account of pre-eminent fitness, perhaps graduates could be attracted without such concessions as would damage the degree. The certificate in public health has been offered by Cambridge in a liberal manner, which does her honour. We should imagine that a more esteemed title might be conferred under carefully devised regulations. We are not pleading for such a bestowal of the M.D. as would place it on a par with Durham, St. Andrew's, or Aberdeen; that is another question altogether. We are now alluding only to those who seek the very highest walks of scientific medicine. If any degree in science or medicine could be offered to men whose curriculum has been chiefly passed outside the Universities, we believe it would be sought by a number of very distinguished men.

An example of something of the kind has been set in America. Harvard, the foremost University in the United States, has arranged a special curriculum of moderate duration, to be undergone by qualified medical men who are desirous of enrolling themselves in her ranks. These men are not set to hear lectures on botany, or even on the strictly medical sciences. They enter with sufficient knowledge of these, and undergo higher training in a certain number of departments, after which they are eligible for examination for the Harvard M.D. We hear that the scheme has succeeded, and it has always commended itself to our judgment. Surely a man who has qualified himself for practice at the leading corporations or at the minor Universities, but is not called upon to turn his acquirements to pecuniary account, might be encouraged to study at Oxford or Cambridge for a year or two. These seats of learning should be able to do as much, or more, for him as a sojourn at Paris or Vienna. If a class of such men could be formed, genuine research might be undertaken by those capable of it, and others might receive the very highest training. It would not be too much, perhaps, to ask that these men should, at the expiration of their time, be admitted to the examination for the M.D. If there are insuperable objections to this, could not a doctorship in science be placed within their grasp? Such a doctorship could be granted in certain groups of scientific subjects, some of which would naturally be selected. A doctorate thus attained by a brief University career, after a man had become, say M.R.C.P., or F.R.C.S., would be a stamp of the highest value, and if certain subjects were selected for examination, we cannot see why the favourite M.D. should not be conferred.

It has been said that the London University is sufficient for non-residents. This is not so. The Metropolitan University is only an examining body, but its curriculum is as inelastic as possible. It offers no help to any who have not strictly followed its recommendations. It permits no deviation from the routine it lays down from the time of the schoolboy to its highest degree. It allows a latitude in the choice of a school, but that is all. A

Newton, a Faraday, a Claude Bernard may create new sciences, but it recognises them not, unless they are willing to compete with boys at the matriculation, and attend lectures again as freshmen. We hold that there are a certain number of able men, of original thinkers, both in and out of the profession, who would be ornaments to any University, and who should be tempted into their ranks. The London University has no school. It has, indeed, a nucleus in the Brown Institution, as is perceived by its most distinguished graduates, and some day something may come of this. But at present its regulations exclude all who have not gone in the regular ruts and for the prescribed period. If a student, or an assistant, or even a professor in the Brown Institution were to make the most valuable researches of the century, he could not be admitted to the roll of medical graduates unless he submitted to the schoolboys' matriculation, and then attended the whole of the elementary lectures and demonstrations laid down for ordinary students. Oxford or Cambridge might confer their honorary degrees, but London has never adopted this practice, and perhaps it would not be well to begin it. We had hoped that the doctorate in science might be made available for such cases as we have supposed, but this has not been done, and we turn to the elder Universities in the hope that recent discussions may lead the way to such a recognition of science and medicine as the times seem to demand. In the physiological laboratory at Cambridge—to mention only one instance—work might be accomplished which would itself confer distinction, and we think that both the English Universities might make fit provision for men intent on pursuing original investigations. With these might be associated those who without proposing to enter on the path of research, were determined to follow in various departments of science, as far as the most distinguished teachers could lead them. Such a class, even if small, would reflect the highest credit on the University which provided for it, and to preside over it would stimulate the energy and satisfy the ambition of the most able teachers. We ask, then, that the Universities will take the matter into serious consideration, and at the same time inquire whether provision should not be made to enable the members of such advanced classes to graduate in either science or medicine.

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CHRONICLE.

OVARIOTOMY SUPERSEDED.

A proposal has been brought before the Paris Academy of Sciences by M. Tripier to establish a fistula between the cavity of an ovarian sac and the exterior. He has tried it in one case with success. The interior of the sac can in this way be washed out or treated with iodine injections or cauterised. He has used injections of iodised water daily. The galvano-caustic is used to establish the fistula. This operation is less formidable than ovariotomy, and can be easily carried out, but, of course, is not devoid of danger, but it may be applicable in cases where gastrotomy is refused or inapplicable. With regard to injections, they should not be too strong. We may point out that death from poisoning by iodine has been recorded where the drug was injected. This operation may be compared with electrolysis for ovarian dropsy.

MUMPS.

M. Laveran, at the Société Med. des Hôpitaux, May 16th, brought forward a paper on "Mumps," in which he said that the affection of the testicle or breast was a very common complication, and should be regarded as a symptom of the disease. Out of 432 cases no less than 156 had orchitis, and further, he said that out of 111 cases of orchitis 73 were followed by atrophy. The orchitis comes on about the fifth or sixth day after the parotid is attacked, and often when this begins to diminish. Hence the notion of metastasis. Sometimes the ovary suffers instead of the breast. It would be interesting to know whether the ovary ever atrophies.

PAROTITIS.

In connection with the preceding paragraph, we may mention two interesting cases of parotitis in the *clinique* of M. Empis at the Charité, communicated to the Paris Clinical Society (*France Méd.*) by M. Mercklen. The first followed a uterine affection complicated with peritonitis and an obstinate diarrhœa. It was succeeded by pleurisy. Here, then, we have a condition of health often recognised as likely to give rise to this disease. The second case appeared at the beginning of rheumatic fever in a strong man, and would not at all be anticipated. Indeed, we know of no other recorded case in which this has been seen. There had, indeed, been angina, but this was not believed to be a cause. Still, we think it is often associated with it. An abscess formed near Steno's duct, and possibly this had much to do with it. M. Mercklen asks if it could be rheumatic in its origin, and admits the improbability of such an explanation. No such case is mentioned by M. Iszenard in his thesis, and few will admit any association between parotitis and acute articular rheumatism. In this case pus was discharged freely from three several openings—one by the knife—and the patient did well. No cardiac complication occurred.

OXALATE OF POTASH IN PUERPERAL FEVER.

Some Italian physicians recommend oxalate of potash (or of soda) to be given in puerperal fever. Thus, Dr. Gatti (*Rivista Clin. di Bologna*), gives it in mucilage with success, and others testify in its favour. But Dr. Gaspari says he has tried it and found it without any effect.

TRACHEAL INJECTIONS IN CROUP.

Dr. Palvadean, of Monaco, has injected perchloride of iron into the trachea through the parietes by means of an ordinary subcutaneous syringe. He thinks in this way it is easy to bring the medicine to the diseased mucous membrane, and reports some cases in which recovery followed.

Dr. Régi, of Toulouse, writes in the *Courier Médical* in favour of this method. He has injected from 6 to 15 drops of a solution of perchloride in an equal weight of water. He gave the same remedy by the mouth, but attributes much of the effect to the injections.

Neither of these writers think there is much danger in thus penetrating the trachea. Dr. Régi says if a small vessel were wounded hæmorrhage would be averted by the iron. He found, too, that swelling followed and interfered with deglutition, but was relieved by belladonna ointment. Of course in ascending croup the remedy would, be useless, and we do not think it is likely to find favour in other cases in this country.

THE ALKALOIDS OF OPIUM.

Dr. Isaac Ott (*Journal of Nervous and Mental Diseases*, January 1858), reports a large number of experiments, from which, taken in conjunction with previous knowledge, he concludes :—

1. Cryptopia is narcotic ; it excites and then depresses

reflex action by an effect on the spinal cord, reduces the power of the motor nerves, abolishes sensation by an action on the spinal sensory ganglia, and lowers the heart-beat by an action on its muscular structure. 2. Thebaine is a spinal convulsivant; it has no action on the motor or sensory nerves, or on striated muscle. It reduces the heart-beat by an action on that organ, and increases blood-pressure by stimulating the cerebral vaso-motor centres. 3. Codeia is a narcotic and spinal convulsivant; it produces a veratroid contraction of striated muscle, and depresses the heart beat by an action on the cardiac muscle. 4. Chlorocidide is a tetanic agent. 5. Apocodeia produces vomiting, coma, and death. 6. Narcerine is soporific to cold-blooded animals, but not to man, and is a spinal convulsivant. It does not destroy the motor nerves, as they act on thrusting a probe down the spine. It produces veratroid contraction of the muscle, and reduces the heart beat by stimulation of the peripheral end of the pneumogastric. 7. Papaverine is narcotic and convulsivant, the convulsions being partly spinal and partly peripheral—the latter, it is highly probable, from an action on the muscle. It diminishes the heart's contractions by peripheral action on the cardio-inhibitory apparatus. It also causes veratroid contraction of the muscle. 8. Narcotine is non-narcotic, and a spinal convulsivant; it produces veratroid contraction of the striated muscle, and is a very active agent to decrease the beats of the heart by an action on the cardiac muscle. 9. Cotarnine is soporific, and paralyses, like curare, the motor nerves. 10. Hydrocotarnine is narcotic and convulsivant. 11. Hydrochlorate of cotarnamic acid is a convulsivant, and paralyses the pneumogastric. 12. Laudanosine and laudanine are tetanic agents. 13. Morphia is a narcotic and spinal convulsivant. It produces veratroid contraction of muscle and reduces the heart beat. 14. Oxymorphia has an action like morphia, only weaker. 15. Apomorphia is an emetic; it excites and reduces spinal reflex excitability, and diminishes the number of cardiac contractions. 16. Meconine is narcotic to cold-blooded animals, but not in doses of two grains by the stomach in man. It causes hyperæsthesia and paralysis of voluntary motion with general relaxation. It also produces a veratroid contraction. The opium alkaloids all have a dominant action on the nervous system, causing, first, increased exaggerated functions, and, if the dose be large enough, a paralysis of them. In the warm-blooded animals this action is both on the spinal cord and on the cerebrum.

TREATMENT OF ANEURISM OF THE AORTA BY ELECTRO-PUNCTURE.

At the meeting of the Paris Société de Thérapeutique on March 13th M. Dujardin Beaumetz stated that this method of treatment was becoming general in France.

Since last July the operation has been performed three times; on two patients in M. Potain's wards and on a patient of M. Ball's. A very marked improvement was obtained by this method in all the cases. The aneurisms were all of the thoracic aorta—two were seated at the origin of the aorta, and formed sacs occupying the left side of the thorax; a third was situated at the dorsal region, and originated in the descending portion of the arch of the aorta; in the latter case the tumour was the cause of paraplegia. Five applications were made at intervals of three weeks, and produced a diminution in the paraplegia, and a great lessening of the pulsations. These aneurisms were not accompanied by any cardiac change. The method of operation was the same in all the cases; positive currents only were used on the needles inserted in the tumour, the negative pole being applied on the thigh. M. Dujardin Beaumetz is inclined to believe that electricity acts here by setting up inflammation on the sac rather than by directly bringing on coagulation of the albumen and fibrin. He thus explains the tardy setting-in of improvement, which only comes on from a week to a fortnight after the application of electricity. Summing up the facts known up to the present time, M. Dujardin-Beaumetz is of opinion that, taking the harmlessness of electro-puncture into consideration, this plan should take its place in ordinary therapeutics, and that it is the best of all treatments recommended up to the present time; he, however, acknowledges that ice and iodide of potassium must first be tried. Ice applied externally also acts by setting up inflammation in the sac, and not by directly coagulating the blood; it has, in fact, been demonstrated that cold retards coagulation of the blood. Iodide of potassium administered internally is the only remedy which has afforded certain cures. At the same meeting M. Paul stated that he had recently seen a case of aneurism of the brachio-cephalic artery in a syphilitic patient, which was cured by the use of iodide of potassium. M. Edouard Labbé also pointed out that M. Potain had observed an analogous case. M. Bucquoy also mentioned that he had seen two cases of very remarkable improvement in aneurism of the aorta, by the use of iodide of potassium and ice.

THE INFECTIOUS NATURE OF YELLOW FEVER.

Inspector-General James J. L. Donnet, in a communication to the *Lancet* of the 11th ult., maintains that yellow fever can always be distinguished from other febrile diseases, and gives the following differences between—

Yellow Fever.	*Remittent Fever.*
Is essentially of an infectious nature.	Is not of an infectious nature.
Only vigorous and young constitutions fall victims to it. Coloured population *less* liable than white.	All ages and constitutions are liable, and the weakest most so. Coloured population as liable as white.
Restricted to the yellow fever zone—namely, the delta of the Mississippi, and the adjoining coasts and islands.	Is to be found in all parts of the world where marshy soils prevail.
Is of a continued type; no remissions.	Remissions observed in the morning.
Rachialgia more pronounced in this fever than in any other except small-pox.	Rachialgia slight.
Abstraction of blood not tolerated.	Abstraction of blood tolerated.
Albuminous urine the rule.	Albuminous urine the exception.
Liver affected.	Liver not affected.
Spleen not affected.	Spleen invariably affected.
Partial or total suppression of urine the rule.	Suppression of urine the exception.
Hæmorrhage, from stomach in bad cases the rule.	Hæmorrhages from the stomach in bad cases the exception.
Quinine useless as a therapeutic agent.	Antagonistic power of quinine beyond the reach of question.
Death occurs on the fifth day.	Death never occurs before the seventh day.
Yellow fever never merges into intermittent.	Remittent merges into intermittent.
One attack affords an immunity from future ones.	One attack affords no immunity from future ones.
Immunity almost perfect after a three years' residence in the lowlands.	No immunity obtained by any length of residence.
Convalescence less protracted than in remittent fever.	Convalescence protracted.
Peculiar smell in yellow fever cases.	Not observable in remittent fever.

TUBERCULAR ULCER OF THE TONGUE.

M. Nedopil, in the *Archiv. fur Klinische Chirurgie*, remarks that the diagnosis of secondary tubercular ulcer of the tongue is generally not difficult in the presence of other indications of tuberculosis. On the other hand, primary tubercular ulcer can often be scarcely distinguished from cancer unless a microscopic examination be made; while the failure of anti-syphilitic remedies denotes that the affection is not a syphilitic ulcer, which often has a similar appearance. The tubercular ulcer of the tongue runs a course resembling that of cancer. A small hard nodule on the edge or upper surface of the tongue, which is often overlooked, at last falls off, and leaves a dirty ulcer, with an indurated base, which generally spreads more slowly than a cancerous ulcer. A cure can be produced only by early extirpation, which, perhaps, may arrest the development of general tuberculosis. The author has observed four cases in Billroth's clinic; two of the individuals were thirty-two years of age, the others sixty-eight and seventy. In three cases the ulcer was extirpated, and healing took place in a few days. In the excised pieces the tissue around the ulcer was studded with miliary tubercles, mostly toward the free surface. The morbid process appears to commence with a general transformation of the muscular tissue into a homogenous slightly granular deposit containing proliferating muscle-nuclei. Later, the primary deposits become confluent, and giant cells are formed from the obstructed portions of the blood-vessels; in some of these Nedopil found cavities filled with brown pigment. The growth of the tubercle appears to take place partly through proliferation of nuclei (without cell formation) in the interior, partly through metamorphosis of the neighbouring tissue.

INTOXICATION BY SULPHATE OF ATROPINE TREATED BY ALCOHOL.

In this case, Famberlini gave at once 250 grammes (8 ounces of alcohol). Before getting the alcohol, the patient had shiverings, pharyngeal contraction, and delirium, and the temperature was 36·1 C. (96·5 F.); these symptoms disappeared, and the temperature rose to 37·6 (99·7 F.)

The symptoms came on after eight days' instillation of solution of the atropine, and it is remarked that in other cases, so caused, of poisoning by atropine, the intoxication had been attributed to pre-existing renal disease, not allowing of the elimination of the poisonous substances.

The strength of the solution used was 1 in 400, used as a means of reducing prolapse of the iris after an operation for cataract (*Gaz. Med. Ital. Venet.*, and *La France Médicale*).

"In the case quoted above, no mention is made of the number of drops, or how often a day they were used, but if three drops were used only twice a day (and more may have been given), at least 1-66th gr., a large quantity to be continued daily of a drug, from doses of 1-240th of a grain of which, once a day for three days, the writer has seen decided effects, in a case of cardiac derangement, in which there is no renal disease, had been used.

"Some writers seem to ignore the large quantity that may be absorbed in this manner, when such drops are used freely, as in a case recorded by Nettleship (*Brit. Med. Journ.*, April 8, 1876), in which symptoms of poisoning were produced by drops of a solution of atropine, of 1 in 120, and *several* times a day, or, saying 10 drops daily were used, 1-12th of a grain, a quantity dangerous enough, whether the person were, as Mr. Nettleship says, one "easily influenced by agents acting on the nervous system" or not. The use of such enormous doses to the eye, is to be deprecated, when it is remembered that 1-10,000th of a grain is sufficient to dilate the pupil for five days, a fact, which of itself, would point to a cumulative action on the system of even daily single doses, and remove any necessity for the poisonous action of large doses given twice a day, or oftener, as in Mr. Nettleship's case, being explained by the state of the kidneys preventing elimination. Such doses as the 1-10,000th of a grain can be best given in discs or squares, which are now easily procured."

INTRA-UTERINE INJECTIONS OF ERGOT IN POST-PARTUM HÆMORRHAGE AFTER DELIVERY.

Ashe, after taking away clots, injects first with cold water to cleanse out the blood in the uterus, and then injects 4 drams in 5 ozs. of water of Squibb's fluid extract of ergot. He uses a hydrocele syringe. Besides Ashe's (*Virginia Med. Monthly* and *Presse Médicale Belge*) cases, Strudwick has employed it successfully in six cases. Ashe considers ergot superior to iron, as not being irritant or painful, and not being attended with danger.

POST-PARTUM HÆMORRHAGE, SUBCUTANEOUS INJECTIONS OF ERGOTINE, AND OF ETHER AND ALCOHOL.

Saint Phillipe and Chantreuil (*L'Abeille Médicale*) give cases in which the flooding was at once stopped by this means. He injected twice the quantity contained in a Pravaz's syringe (2 grammes), giving in the two injections, 5 grains of ergotine. In Chantreuil's case, an exceedingly bad one,' he used the following solution: ergotine (Bonjean's) 8 grammes, distilled water 8 grammes. Four injections with Pravaz's syringe were given in half an hour, so that allowing for loss, Chantreuil estimated that she received 1 gramme, 40 centigr., about (20 grains). Not a drop of blood was lost afterwards.

To meet the extreme subsequent depression and anæmia, and as there was constant sickness, requiring the patient to be nourished by injections, he injected ether (four fillings of Pravaz's syringe) and also brandy subcutaneously.

He had injected ether in this manner in four other such cases.

STRANGULATED HERNIA TREATED BY ERGOTINE.

Planat (*Nice Médical* and *L'Abeille Médicale*), describes two cases treated by this drug, both ending in recovery. It was given in doses of 9 grains every hour for about five hours, and was also rubbed into the part, which had been previously washed with water containing an alkali to promote absorption of the ergotine. The solution he used internally was 5 grammes ergotine to 125 of vehicle, given in tablespoonful-doses.

INDIGO IN OBSTINATE INFANTILE DIARRHŒA.

Dages of Guanajuato (Mexico) has found (*Journ. de Thérap.*) "the vulgar remedy" exceedingly efficacious in these complaints. The dose of the indigo (añil) he gave was 40 to 50 centigrammes, in a little sugar and water.

GALACTORRHŒA IN OLD WOMEN.

Caso (*Indépend. Med. de Barcelona* and *Courrier Medical*) has observed two cases, one in a woman of 65 years, who, during her earlier life had had five children, and who had ceased to menstruate ten years before. Although so old, she felt very lively erotic desires. The flux was stopped by ergotine. The second case was in a woman of fifty, affected with cancer uteri. The milk in both cases appeared normal in character.

SALICYLATE OF SODA AND ITS BAD EFFECTS.

Lober (*Gaz. Med. de Bordeaux* and *Mouvement Medical*) publishes a case of fatal cerebral rheumatism following the use of salicylates. The patient took it without medical advice. He quotes six other cases of death after their use, published by Empis in the *Bull. de Thérap.*, July 15, 1877, by Jacob in the *Lancet*, Sept. 1877, and mentioned by Jaccoud before the Academy, July 24, and by Menier, in his Thesis, Paris, 1877. Jaccoud had 21 cases, with 3 deaths—2 by cerebral rheumatism. Menier mentions 7 cases in which the temperature rose above 40 C. (104 F.), 3 recoveries, 4 deaths, of which 2 were from cerebral mischief.

Lober's details as to the quantity used are very imperfect, but his case so far as his report shows, like the one published in THE DOCTOR last month, an example of the danger of patients using salicylic acid without medical advice.

CHLORAL IN RETENTION OF URINE.

TIDD (*Gaz. Méd. de Roma* and *La France Médicale*) publishes a case in which catheterism having failed in consequence of the patient being pregnant, and no urine having passed for 24 hours, two doses of 10 grs., one half an hour after the other, produced profound sleep and involuntary passage of an enormous quantity of urine.

CHILD POISONED BY THE NICOTINE OF AN OLD PIPE.

THOMAS (*Brit. Med. Journ.*) describes a case of this kind, in which a child of three years of age died with all the symptoms of tobacco poisoning after playing with an old pipe.

BISMUTH IN PROLAPSE OF THE RECTUM AND SEVERE HÆMORRHOIDS.

DR. CLAUD (*Gaz. de Napoli*) recommends a teaspoonful of bismuth, mixed with a little water and powdered starch, to be introduced into the rectum (after reduction of the prolapse) in such cases.

ERGOT FOR TYPHOID FEVER.

SIREDAY (*La France Médicale*), following up the observations of Duboué, used ergot in an exceedingly grave case of ataxo-adynamic typhoid, in which the patient on the twelfth day was delirious, had twitching of the tendons, hyperæsthesia, opisthotanos, &c. He gave two grammes of ergot in 24 hours. The next day the amelioration was notable; the treatment was continued with the medicine for three days, and the patient recovered.

ERGOT IN POLYURIA WITHOUT SUGAR.

RENDU (*La France Medicale*) publishes a case of polyuria following a fall into the sea, cured by the administration of, for six days, 50 centigr. (7½ grs.) and afterwards one gramme of powdered ergot of rye. Valerian was found to be useless, and atropine, although it diminished the quantity of urine when given in doses of 1-66th gr. twice a day, produced unpleasant symptoms.

THE UTTERANCES OF APHASICS.

SOME remarks made by Dr. Hughlings-Jackson are reported in the *Lancet* of the 18th ult., which are interesting in several respects. Patients who can *say* nothing can *utter* words or phrases. Stock expressions which are constantly slipping from them may be called "recurrent utterances." "Yes" and "no" are often used in this way. "I don't know" is another such utterance. So profane words come out frequently. It may happen that these automatic utterances occur at a time that they seem appropriate. At other times patients can use them when, as it were, the occasion presents itself, but cannot repeat them when requested. A person who says "good-bye" as a friend leaves, may be unable to repeat the words when asked to do so. He may even keep on automatically repeating a word or phrase at first pronounced at a proper time, and this to his own annoyance. This may sometimes be stopped by telling him to repeat the word or phrase, and then he finds he cannot. Dr. Jackson has paid much attention to these phenomena. We wish he would give us an article upon them, especially on swearing, from a medical point of view.

MISLETOE AS A MEDICINE.

DR. W. H. LONG has called attention in the *Louisville Medical News* to the use of misletoe as an oxytocic. He was first led to use it by finding that farmers employed it for cattle who failed "to clear themselves," that is, to expel the placenta. Dr. Long says it is better than ergot, more certain and prompt in action, and that instead of setting up continuous tonic contractions it brings on natural pains with intervals of rest, and can be used in any stage of labour, and in primaparæ where ergot is not admissible. Infusion of the leaves may be used—two ounces of dried, or four ounces of fresh, leaves to a pint of boiling water. Dose, two to four ounces, may be repeated in twenty minutes if necessary. Dr. Long has never known it fail, and has also used it in menorrhagia, &c. He speaks of it as *viscum album*, but Dr. Crosier says the misletoe found in the American woods is not this, but *Phoradendron flavescens*. Perhaps our readers may be able to try whether the mistletoe of these islands promises such virtues.

RAPID LITHOTRITY, WITH EVACUATION.

Dr. H. J. **BIGELOW** has proposed this name for a method of dealing with vesical calculus, first practised by him. Briefly, it is to complete the crushing at a single sitting, and at once to evacuate the detritus. Small stones have been crushed at once several times, but Dr. Bigelow dealt thus with large ones. To enable him to do so he has modified the evacuating catheter, and it would appear that the method is very successful. He gave some account of it in the *Boston Med. and Surg. Journ.* of Feb. 28 and March 7; and in the same periodical for May 2, Dr. T. R. Curtis supports him with details of three most successful cases. It would appear that the working of the lithotrite in skilled hands is really less dangerous than the presence of the fragments which are usually left behind. The recovery of the patients has hitherto been most rapid. In all, thirteen cases have been treated by this method with only one death, just the same mortality as attended Sir H. Thompson in his whole experience, one in thirteen. If the aim of the surgeon be to get rid of the stone in the shortest time with the least danger, and if future results prove as favourable, it would appear that Bigelow's operation may take the place of lithotomy, where many sittings for lithotrity seem to be contra-indicated.

A NEW MYDRIATIC.

M. GALEZOWSKY has experimentalised with an Australian plant possessing a mydriatic action far superior to that of atropine, and which he brought under the notice of of the Biological Society of Paris at its sitting of March 30th.

This substance may be employed on patients in whom there is a difficulty about using belladonna. It appears to have a different action to that of atropine, as it produces stasis of the veins.

THE HEROIC TREATMENT OF IDIOPATHIC PERITONITIS.

Dr. H. C. **WOOD** has an interesting lecture in the *Boston Med. and Surg. Journ.* on this subject, in which he shows himself an advocate for the heroic treatment as generally practised in our boyhood, bleeding, leeches as many as can be put on the abdomen; then poultices, followed by blisters and calomel, are all recommended. It is really refreshing to have old-fashioned treatment thus emphatically endorsed by a therapeutist of the modern school. To the assertion of Binz, that no one has proved benefit from counter-irritation, Wood replies, no one who has had a stomach-ache will say he does not believe in them. As to food, at first the less the better. The abdominal contents are glued together with adhesive lymph, and hæmorrhage or collapse may be caused if they are torn asunder; therefore, the less peristaltic action the better. Is this the chief use of opium apart from its relieving the pain? Milk is then the best food. Later, beef tea is spoken of as a stimulant, and alcohol, we are told, only adds fuel to the fire.

DIALYSED IRON IN ARSENICAL POISONING.

Dr. James Hayes, publishes, in the *Canada Lancet* for March, a case of arsenical poisoning treated with dialysed iron. Following an emetic and free draughts of warm water, a tablespoonful of the dialysed iron was given and soon ejected; doses of thirty drops were then given every twenty minutes for two hours. Two hours after the symptoms of collapse set in, and were treated with brandy, hot bottles, and friction. The patient was restored to health in about ten days, and complained during convalescence of weakness, thirst, and a burning sensation in the stomach. It was estimated that fully a teaspoonful of arsenious acid was lying in the stomach from half an hour to an hour before treatment.

A RENAL FORM OF TYPHOID FEVER.

Dr. Charles Amat, in a thesis, describes a form of typhoid in which the renal symptoms are marked and characteristic. We have already descriptions of typhoid as it appears under a cerebral, cerebro-spinal, and thoracic form.

Dr. Amat draws the following conclusions:—

1st. The typhoid poison attacks the kidneys in the same way as the other organs—the brain and lungs, &c.; hence the necessity of admitting a renal form.

2nd. Recognised by M. Gubler, M. Al. Robin, and Hardy, this form has not yet been the subject of a complete description.

3rd. It possesses a complete symptomatology—slight diarrhœa, considerable debility, extreme adynæmia, earthy colour of skin, abundant epistaxis, rapid delirium, very high temperature, rash not abundant, and a special urological group of symptoms—sanguinolent colouration, odour of boiled bread, contains sediment formed by the red and white globules; albumen in large quantities.

4th. The ordinary form differs from the renal form by the greater intensity of the abdominal phenomena, by the more abundant diarrhœa, by the delirium, by the less elevated temperature, by a more confluent eruption. The urine is orange coloured; the sediments are not constant, consisting principally of urates and phosphates. The albumen is temporary.

5th. The kidneys present the signs of interstitial nephritis.

6th. The renal form may be confounded with the ordinary form, or with primary renal disease.

7th. The progress and duration vary. The termination is generally fatal.

8th. The variations in quantity and composition of urine aggravate the prognosis or render it favourable.

9th. The patient should be placed on milk diet, and cold baths are contra-indicated.

CHRYSOPHANIC ACID OINTMENT IN PSORIASIS.

Professor Neumann, the eminent dermatologist of Vienna (*Weiner Mediz Presse*, No. 14-16, 1878) having made extensive trials with this ointment at the General Hospital, Vienna, in the treatment of psoriasis, as first recommended by Mr. Balmanno Squire in this country at the latter end of 1876, is very favourably impressed with the results.

After giving due credit to Mr. Squire, and to the other English observers who followed him in this research, the Professor winds up an able paper with the following summary:—

1. That chrysophanic acid derived from goa-powder is an excellent remedy for herpes tonsurans, pityriasis versicolor, and psoriasis vulgaris.

2. Psoriasis in its earlier stages begins to disappear after a few applications of the drug, and in a far more unequivocal manner than under any other remedy that has ever yet been used against psoriasis.

3. Even inveterate forms of the disease can be abolished by means of chrysophanic acid, and it is quite the exception to find them oppose any protracted resistance to it.

4. Chrysophanic acid is a perfectly painless application to the diseased skin. The morbid phenomena occasioned by it on the healthy skin result apparently from the admixture of resinous matter with the acid.

5. As a result of this mode of treatment psoriasis belongs no more to those skin diseases which in so high a degree are a source of misery to the patient, and it has now become an easy matter to cure relapses. Every patient with psoriasis that I have as yet treated by this means gives the palm, without hesitation, to this method of treatment in preference to others. In any case, this, at the least, is emphatically true, namely, that the therapeutics of skin diseases have for the last ten years been enriched by but few remedies which have been crowned by so eminent a success as the one in question.

6. There are other skin diseases also which are curable by chrysophanic acid, but upon these I will not report until I have accumulated more material.

7. Lastly, I desire to express a hope that this method, which I am the first to promulgate in this, my country, may be examined by other observers, and I do not doubt but that it will soon permanently assume its due rank amongst the treasures of therapeutics.

NARCOTICS IN THE TREATMENT OF THE INSANE.

Dr. James Maclaren, in the last annual report of the Stirling District Lunacy Board, says that in the individual cases where any mental excitement occurred little reliance was placed on narcotics or other so-called soothing medicines. "It has struck me," he adds, "very forcibly that in attacks of acute mania the recovery has been more rapid and the intellect much clearer and brighter where these have been avoided. They undoubtedly may produce temporary quiet, but the condition in many cases seems rather one of stupefaction than anything else. The dull, hazy, muddled condition in which large doses of chloral and other similar drugs leave a patient is certainly often not a very hopeful state as regards the ultimate recovery of nervous tone; in fact, it has often seemed to me that the combined effect of acute excitement and large doses of narcotic medicines has been something bearing a strong resemblance to a complete wreck. Tonics have been very largely had recourse to, and special attention has been paid to the proper dieting of recent cases."

TREATMENT OF GLANDULAR ENGORGEMENTS.

Following the example of Nélaton, Dr. Quinart, a French surgeon, counsels the application of blisters not only on enlarged glands, but upon those in which pus has already formed, and he says that, by this method, he has succeeded in obtaining the resolution of inflamed glands which have already contained many ounces of pus. When the perforation of the skin is imminent, he punctures the tumour at its most depending part, and as soon as the pus has been discharged, he covers it with a blister which is extended to a margin beyond its limits. The next day the blistered surface is dressed with mercurial ointment, and a new blister is applied as soon as the first surface begins to dry up.

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TOPICS OF THE TIME.

CANCER.

The treatment of cancer must vary with the part affected, as well as with other differences, and yet frequently we find announcements that this or that method will give favourable results. It is by no means easy to give due currency to certain statements without appearing to take part in the recommendations offered, while others are so fairly and fully put forward by their authors, that little can be done except to cite them textually.

Among recent recommendations we may notice that of M. Bouchut, who has reported to the Paris Academy an adaptation of the plan of compression in mammary cancer and other formations. In England there is much difference of opinion as to the propriety of applying pressure, and therefore the question well deserves attention, and we may hope that M. Bouchut's views will receive the attention to which they are entitled. It seems that some such plan was tried at the Middlesex Hospital some years ago, and gave rise to an unfavourable report. The theory is that a neoplasm, like a healthy tissue, is dependent on its blood-supply for vitality and growth, and complete anæmia causes the death of a tumour, as it does of a patch of brain-substance. Mr. Haward last year related at the Clinical Society a case in point. He ligatured the left lingual artery for a recurrent epithelioma of the tongue; the tumour sloughed away, and a fortnight before the patient's death from blood-poisoning the tongue was quite healed. In just the same way ischæmia will impair the vitality and so lessen the growth of a tumour. The difficulty is rather in the practical application of this theory. One important indication has been pointed out. It is the periphery of a cancer that is its active part, and we must therefore produce ischæmia *around* rather than *in* the tumour. This must be obtained by the careful adjustment of elastic pads of cotton wool, and the whole success of the plan depends upon the skill with which this is done. Can such padding be perfectly arranged and the pressure maintained? On the reply to this question depends the value to be attached to the method. It can scarcely be said that pressure is to be regarded as a substitute for the knife—at any rate, in the present state of our knowledge. Whether it may not be a good substitute for caustics is yet to be seen. Where removal is not practicable a method of restraining the growth certainly commends itself, and when M. Bouchut says he has used a vulcanite cuirasse with success, it may be that he is calling attention to a plan too seldom taken into consideration, and which may be less painful than some applications often resorted to.

Local measures alone do not occupy our attention. From time to time it is asserted that alteratives and tonics have some special influence over the growth of cancer. We have known cases in which some forms of iron have appeared to exercise a restraining power, and others in which able observers believed that such ferruginous medicines arrested the diseases. Arsenic enjoys a peculiar reputation, and lately Langenbeck and Esmarch have given testimony in its favour. The former saw a case in which a woman took large and dangerous doses, in the hope that if the disease were not relieved the drug would put an end to her sufferings. After a few months Langenbeck considered her to be cured, and we suppose few would be inclined to attribute error to so able a surgeon. That arsenic has an effect on certain skin diseases no one now questions; and when we remember that it is on the superficial layer it seems to have special influence, the suggestion is not unnatural that it should be able in some degree to affect the progress of epithelioma. It is certainly in such cases it has most been tried; but other forms of cancer have also been treated by its administration. Gaethjens has shown that arsenic seems to increase the elimination of nitrogenous substances, which would be at the expense of the albumenoids. This action, therefore, supports the notion, but after all we must appeal to experience, and here it must be confessed that cancer continues to be terribly fatal. Is it hopeless? The reception of cundurango and other alleged remedies, chronicled in previous volumes of The Doctor, shows that the profession is still ready to try anything reasonable, and therefore has scarcely abandoned hope, although it is convinced of the importance of removing the disease wherever this is practicable. When not, as we have said, anything will be tried, and the tendency at this moment is to hark back to our old agents, of which arsenic will, we think, soon be in the ascendant. Esmarch, in *Langenbeck's Archiv.*, has just reported very remarkable results from large doses, and he very judiciously observes that for such a purpose small doses would be useless. It is a case of permitting the arsenic to fight the disease for life or for death. He mentions a case of cancer of the jaw too large for operation, in which he gave full and increasing doses. In a few months large cicatrices had formed, the disease having sloughed out. The accuracy of diagnosis is confirmed because the disease recurred in the cicatrices a year later—this time proving fatal. But even so, what was that year's respite worth? Esmarch also speaks well of arsenic in lympho-sarcoma, and we may add that in this and other malignant diseases Billroth and others of the German school seem inclined to place more confidence in arsenic than any other remedy.

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INTRODUCTION OF THE HAND INTO THE UTERUS TO REMOVE THE PLACENTA LONG AFTER LABOUR.

This plan, as our readers know, was some months since brought before the profession by Dr. Matthews Duncan, who related some cases in the *British Medical Journal*, and whose communication has given rise to some others which we shall cite below. In one of them the placenta was extracted after so long a period as six weeks. Before relating it we may mention that the treatment has been tried abroad. Thus, at the Paris Maternity Dr. Hervieux removed a placenta after twenty-one days' retention. This was a case of abortion at the sixth month, and is reported in the *Archives de Tocologie*, Dec. 1877. It is considered to show that: 1. The placenta may, after abortion or premature accouchement, remain for several weeks in the womb without undergoing change, and consequently without giving rise to any phenomena of putrid infection; 2. Expectant treatment may, in cases of prolonged retention of the placenta, be followed by an excellent final result, and in some cases have advantages over forced delivery.

The subject is of wide interest, and Dr. Duncan's paper seems likely to elicit notes as to a number of unrecorded cases in which the attendants partly, no doubt, influenced by the objections of patients and friends to interference, have watched with more or less anxiety cases which have ultimately done well. We proceed to notice some of these.

Dr. Leslie Jones, of Blackpool, writes as follows respecting the case we have mentioned above:

During my absence from home on December 11th, 1875, Mrs. L., æt. 25, and mother of three children, began to abort at the middle of the fifth month, and during the night was delivered, without assistance, of a well-formed male child of that term. My friend Dr. St. Clair, who saw the patient for me, three hours after the child had been born, was unable to remove the placenta, owing to the obstinate refusal of the patient to submit to interference. On my arrival next day, twelve hours after the child had been expelled, I found the cervix unusually long and the os firmly contracted; but, from the size of the womb, I concluded it still enclosed the placenta or a large clot. There was then no doubt in Dr. St. Clair's mind that the placenta was still *in utero;* but there was, he said, a possibility that it had come away, as at least one vessel had been emptied without his inspection. All efforts, then, within the bounds of legitimate force, only proved that futility of further attempts to reach the interior of the womb. Nothing then was to be done, but to wait and watch for symptoms. So things went from day to day and from week to week until, at last, I began to think that the placenta must have been removed unnoticed, or, disintegrated, had come away in the discharges, which all along had been considerable. The possibility of its being absorbed was also suggested. During this time of considerable doubt and no little anxiety, I sought and availed myself of the kind and valuable counsel of several friends. The patient gained in strength, and there was not an unfavourable symptom; but the abdomen increased in size, and the patient herself imagined that she was still pregnant with a second child. While I was with her, however, on January 22nd, 1876, a gush of blood poured from her without warning, saturating her clothes and the bed on which she was lying. With ergot, and by using my finger as a plug in the os, which was dilated to about the size of a sixpence, I endeavoured to control the flooding, and as quickly as possible got the patient under chloroform, introduced my hand into the vagina, and with great difficulty dilated the os until at length I got my whole hand into the womb. There I found a large placenta, only partially, for about one-third of its surface, detached from the uterine wall; the remainder I peeled off, and slowly withdrew the whole mass. The uterus contracted immediately and the hæmorrhage ceased. The patient, naturally of a delicate constitution, made a rapid recovery. The placenta, when removed, was perfectly fresh, well nourished, and measured four and a-half inches in diameter.

Dr. Richard Stanistreet, Malahide, records the following case:—

I was called to see a lady who was in the fourth month of her pregnancy, and who was suffering from severe hæmorrhage, which was so profuse that I was obliged to plug the vagina. She aborted at the fifth month, but the placenta resisted all justifiable means for its expulsion. She convalesced in the usual time; but as the placenta was still retained, I obliged her to keep the recumbent position. She continued perfectly well; and, in thirty-eight days after she aborted, the placenta was expelled during the action of some purgative medicine which I found it necessary to give her. The placenta was small, healthy, and without a trace of fœtor.

Dr. Hugh Davies, 42 Dorset Street, Portman Square, sends the following case to the *Brit. Med. Jour.* of the 25th ult.:—

About sixteen years ago, Mrs. G. arrived in London, and was seized with pains and threatened premature birth at about six months. I ordered perfect rest, &c., and matters went on comfortably for a few days, when the fœtus was expelled. The funis was torn off short at the os, which was rigidly contracted; and I determined not to interfere. During the whole time of retention, I was kept in constant anxiety, as periodical flooding came on; and, on one occasion, I took the late Dr. Cape, of Curzon Street, Mayfair, with me in consultation. After examination, we agreed nothing could be done but wait patiently. On the nineteenth day, the placenta was expelled in a healthy condition without a sign of putrefaction.

These cases are, no doubt, very satisfactory. Will those who have watched unsuccessful cases be as prompt in reporting them?

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VENOUS INJECTIONS *v.* TRANSFUSION.

The readers of The Doctor have several times had put before them the results obtained by transfusion of blood, and will probably be pleased to learn what has lately been done in the direction of substituting for that process intra-venous injections. This is not at all a new method of treating certain cases. Saline fluids have again and again been injected into the circulation since Dr. Little more than forty years ago adopted the plan in cholera. Other fluids have also at times been proposed, chiefly such as were thought to represent more or less completely blood serum. Our readers also know the use that has been made of the defibrinated blood of animals. Milk has been used on some occasions with varying success, and would seem to possess certain *a priori* advantages. Some experiments discouraged the use of this fluid, but it has been thought that the milk employed was not fresh enough. We know how rapidly milk changes, and certainly if used it should be absolutely fresh. If drawn an hour before use it may have undergone a change which we cannot detect, but which may be most important. Transfusion itself is no modern resource, for allusions to it are met with in ancient Hebrew, Syriac, and Egyptian literature, though it was not until 1665 that Lower and Boyle brought the subject before the Royal Society, and it was only much more recently that its real value was shown. The late Dr. Blundell did much for it, and] others have followed in his steps.

Is the injection of milk likely to supersede transfusion of blood? A discussion on this question has just taken place at the New York Academy of Medicine, brought about by a paper by Dr. T. Gaillard Thomas, who, to the question, "What is the real status of this resource in medicine?" gave the following answer: "Transfusion of blood into the human system is an operation the plausibility and theoretical advantages of which all admit, but practically the results of the operation amount to but very little indeed." The paper is published in full in the *New York Medical Journal* for May, and the discussion is reported in the *N. Y. Med. Record*, to which sources we are indebted for what follows.

The insecure position which the operation occupied practically, was attributed to its inherent difficulties and dangers, nearly all of which arose from the tendency of the blood to coagulate. To overcome those difficulties and dangers various methods of preparing the blood for intra-venous injection had been suggested, and other fluids had also been offered as a substitute.

Dr. Thomas proposed to show that in the milk of the cow we have a fluid which meets all the theoretical and practical requirements of a safe intra-venous injection.

It may be said that milk and blood are not homogenous fluids, and that the casein and other constituents of the milk, when introduced directly into the circulation, are liable to give rise to disastrous results. But Dr. Thomas maintained that there is not much more want of homogeneity between blood and milk than exists between chyle and blood. The introduction of chyle into the blood is merely a part of a physiological process, and the injection of milk into the circulation is not altogether unlike copying one of Nature's physiological processes.

Dr. Thomas then compared the chemical analyses of chyle and milk, and then proceeded to relate cases in which he had resorted to intra-venous injections of milk as a substitute for transfusion of blood.

The first was a lady from Oswego, N. Y., who resided temporarily in Brooklyn, N. Y. She was operated upon by Dr. Thomas for the removal of a large abdominal tumour in October, 1875. The case, in all its details, had already been published. Because of the severe loss of blood subsequent to the operation, and the general condition of the patient, it was resolved to resort to intra-venous injections of some restorative fluid, and Dr. Thomas decided to employ for that purpose perfectly pure fresh milk.

The suggestion of using intra-venous injections of milk was made by Dr. E. M. Hodder, of Toronto, Canada, who, twenty-eight years ago, employed it in the treatment of collapse in cases of Asiatic cholera. The suggestion was revived by Dr. J. W. Howe, of New York, who, about one year previous to Dr. Thomas' first operation, had injected ʒ vi. of goat's milk into the cephalic vein of a patient suffering from phthisis.

Accordingly a healthy cow was driven into the yard, and ʒ viiiss. of milk, drawn from her udder into a porcelain dish surrounded with warm water, was permitted to flow slowly into the median basilic vein of the patient from a glass funnel, to which was attached a rubber tube and a suitable nozzle to be introduced into the opening in the blood-vessel.

A rigor followed the operation; the temperature rose to 104° F.; but those symptoms soon passed away. On the twenty-first day after the operation, the lady was able to walk down stairs, and recovery was soon so complete that she was able to return to her home in Oswego.

Soon after, Dr. J. W. Howe made some experiments upon dogs. Into the veins of *five* animals he injected milk, and all died promptly.

Dr. Eugene Dupuy, at Dr. Thomas's request, repeated Dr. Howe's experiments, when it was found that intra-venous injections of milk which had been removed from the cow for a very short time uniformly proved fatal, while the injection of *perfectly fresh* milk was entirely innocuous. Those experiments revealed the secret of failure in Dr. Howe's experiments. The milk which he had employed had been drawn from the cow an hour or two previous to the time it was used, and had been transferred to the city in a railroad car. It had probably undergone chemical change before it was used in the experiment.

The *second* case reported by Dr. Thomas was operated upon for ovariotomy, Feb. 3, 1878.

Extensive adhesions were encountered in the operation. Peritonitis and abscess followed, and the condition of the patient became so grave that, on the twentieth day after the operation, it was determined to resort to intra-venous injections of milk. A cow was secured, and the milk, drawn into a pitcher covered with carbolised gauze, was, in less than one minute from the time it was taken, flowing slowly into the vein of the patient.

On the 1st of March a second injection was made, and ʒ xv. of milk, taken in the manner referred to, was allowed to flow slowly into the vein. The injections were repeated March 2nd, 4th, and 5th, and twelve, six, and eight ounces of milk respectively used.

The patient received in all five injections; *two* administered by Dr. Thomas, and *three* given by Dr. Hunter, but the case terminated fatally. The result, however, could not be used as an argument against the operation, because, when the first injection was made, the patient was fairly moribund. At each subsequent operation it was the unanimous opinion of all who saw the patient that death was inevitable within a very brief space of time. It was thought that the patient's life was *prolonged* at least six days by the five intra-venous injections of milk. At autopsy there was found localised gangrene of the intestines, which proved that the case must have inevitably terminated fatally.

The *third* case reported simply proved that milk injected into the circulation was innocuous.

There were twelve cases upon record in which intra-venous injections of milk had been employed in the human subject; three by Hodder, two by Howe, and seven by Thomas.

The conclusions reached by Dr. Thomas were embraced in the following propositions:—

1. Injection of milk into the circulation in place

of blood was a perfectly feasible, safe, and legitimate procedure.

2. In this procedure none but healthy milk, drawn from the udder of the cow within a few minutes of its introduction into the vein, should be employed.

3. A glass funnel, with a rubber tube and a suitable pipe attached, was much better and safer than a more elaborate apparatus.

4. Intra-venous injection of milk was an infinitely easier operation to perform than transfusion of blood.

5. Intra-venous injection of milk, like that of blood, was commonly followed by a chill and rapid rise in temperature, but those symptoms soon subsided, and were replaced by a great improvement in the general condition of the patient.

6. He would not limit lacteal injections to cases in which profuse and exhausting hæmorrhage had occurred, but recommend their use in certain cases of typhoid fever, pneumonia, cholera, &c. In conclusion, it was suggested that if milk answered only nearly as good a purpose as blood for intra-venous injection, its use would create a most interesting and new era in the therapeutical department of medicine.

Dr. Hutchinson, of Brooklyn, remarked that, although he had not had any experience with reference to intra-venous injections of milk, he had had some experience in the use of other fluids that might not be uninteresting to relate. During the cholera epidemic which occurred in New York and Brooklyn, in 1853, he resorted to intra-venous injection in five cases of collapse from that disease. In two cases the fluid used consisted of ʒ iv. of the chloride of sodium, ʒ ii. of alcohol, and Oij. of water. The two pints were used at a single operation. In three cases a fluid was employed which was supposed to be very nearly like the serum of the blood. It was composed of grs. lx. of chloride of sodium, grs. vi. of chloride of potassium, grs. iij. of chlorate of soda, and grs. xx. of carbonate of soda. Of such a salt, 140 grains were dissolved in *forty* ounces of water, and nearly the entire quantity injected into a vein. The apparatus employed was very similar to that used by Dr. Thomas, and the fluid was kept at a temperature of 100° F. All the patients died. The effect produced by the intra-venous injections was very marked. The patients were aroused from their profound lethargy, colour returned to the surface, perspiration ceased, the pulse re-appeared, the intelligence was awakened, and in every case there seemed to be good prospect of recovery. In each case, however, death occurred within twenty-four hours. In one case the injection was repeated. Dr. Hutchinson was not able to resist the conviction that when a proper fluid was obtained, when we knew the quantity to be used, and the rapidity with which it should be injected, most valuable therapeutical results could be obtained.

Dr. A. Jacobi remarked that the report which Dr. Hutchinson had made with reference to intra-venous injections of saline solutions, agreed with those made by other observers—namely—that the patients invariably revived, but afterwards died. Modern experiments with saline solutions and serum had demonstrated why such results followed. It was because the saline injection, no matter how formed, was at once eliminated. There was one point upon which Dr. Thomas had not dwelt, and to which he would make allusion. Dr. Thomas had referred in general terms to the poisonous character of milk which was an hour or two old. Naturally we would not expect that any chemical change existed in cow's milk immediately after its removal. But there was a certain number of cows in which the milk had an acid reaction even when in the udder. A large number of specimens of milk were neutral, and turned acid very quickly after removal. But whether neutral, or acid, or alkaline, depended to a great extent upon the food which the animal had taken. It was necessary that cows should feed in pasture in order that the milk should be naturally alkaline. Milk to be introduced into the blood must be alkaline, for the blood did not at all tolerate the presence of acids. It was that fact probably that gave explanation to the ill effects produced in Dr. Howe's experiment, and the absence of ill effects in Dr. Dupuy's experiments. The question then suggested itself, would it not be well in every case, before the milk was used, to test it with litmus-paper, and if it be acid, to make it alkaline by the addition of carbonate of soda? Cow's milk, when introduced into the blood, should be a little more alkaline than it was naturally. Again, it would, perhaps, be well to warn operators against injecting too large quantity at a single operation.

Dr. Thomas remarked that the point last referred to by Dr. Jacobi had been illustrated in the case in which five injections were given. From six to eight ounces was probably about a reasonable quantity; eight was probably the maximum, and five the minimum quantity to be used at a single operation.

The result of the debate to which we have thus drawn attention will probably be to give a new impetus to the practice of venous injections.

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SPECIAL DEPARTMENT.

REPORT ON SKIN DISEASES AND SYPHILIS.

By C. R. DRYSDALE, M.D.,
Senior Physician to the Metropolitan Free Hospital.

All who have had often to treat of the various forms of ringworm, or disease of the hairy scalp, must be desirous to know all that can be said as to the nature of their diseases. Bazin and Hardy, of the Hôpital Saint Louis, have, in my opinion, done more to throw light upon these obscure diseases than any other authors.

The classification I adopt, following these gentlemen, is threefold, first of all favus, then the three in one, herpes circinatus, tinea tonsurans, and sycosis, and lastly, tinea decalvans.

These diseases are all due to vegetable parasites, are all contagious, although favus, tinea tonsurans, and herpes circinatus are the only ones admitted to be contagious by some authors of note. Sycosis is evidently contagious, in my opinion, since I have latterly seen it in more than one case in company with tinea decalvans. Sycosis is easily confounded with a simple inflammation of the hair follicles where no vegetable parasite exists. The barber's razor in Paris is, in my experience, the most common cause of contagious sycosis, the only disease which should bear the name.

I am also quite convinced that tinea decalvans is a contagious disease. I have seen it occur in three children of the same family, and epidemics of the disease occasionally have been met with in schools. The different forms of tinea are inoculable, as has been shown by the experiments of Bazin and Köbner. In most cases the contagion of these diseases is indirect by means of the air; and contagion has been known to take place from certain animals to man. These are subject to favus, which is communicable from these rodents to cats, and from them the disease, according to Hardy, has been communicated to man.

With regard to age, favus and tinea tonsurans are only seen in youth; herpes circinatus and tinea decalvans are met with at all ages, and sycosis is seen only among adults and in the male sex. Tinea tonsurans and especially favus are most tenacious in scrofulous children, or in ill-fed and overworked young persons.

Mr. Erasmus Wilson is the only modern writer on skin disease who seems to contest the vegetable origin of the cells seen in this complaint. Every one else is agreed as to the parasitic nature of the larvæ in favus and ringworm. There is some difference of opinion as to herpes circinatus, sycosis, and tinea decalvans; but in herpes circinatus the parasite is easily enough found, and is identical with that seen in ringworm; moreover, all who have treated the latter complaint know how frequently the skin becomes inoculated from the hair disease. As to sycosis, it is also clearly, in my opinion, of parasitic nature. The parasite is not so easily found in tinea tonsurans, but if carefully looked for, it will be found on some hairs, though not in all.

Sycosis has frequently been found in company with herpes circinatus, and I have under my care at present a gentleman in whom sycosis is accompanied by tinea decalvans, so that if either of these diseases is due to parasitic growths sycosis is manifestly so.

With regard to tinea decalvans, excellent authors assert both that it is non-contagieus, and that no one can discern the parasite which causes it. As to contagion, I cannot comprehend how any person of experience can deny that this disease is occasionally communicated from one member of a family to the other. And as to the parasite, if persons had not found it, it is because they did not know how to look for it. It is not found on the hair, but on the epidermic scales which exist on the denuded spots of hairy scalp.

The parasite of favus seems to be quite distinct from that which produces the other diseases of the hairs; but there is some tendency on my part to suppose that the parasite which causes tinea tonsurans, sycosis, and herpes tonsurans, may occasionally give rise to the parasite which causes tinea decalvans.

Treatment is here of the greatest importance. In the days of Molière physicians seem to have been contented with making a more or less probable diagnosis of diseases, but to have been able to do little to cure them. Let us hope that we moderns are less ambitious of talking about disease in a learned way, and more anxious and capable to give patients relief. In the treatment of the various diseases of the hair we have enumerated, the theory is to destroy the parasites, and also perhaps to endeavour to remove the scrofulous taint which makes so many of these diseases nearly incurable. The plan of epilation, as practised so generally in Paris, which extends a little beyond the diseased parts, is good, but rather heroic. The hairs are pulled out with tweezers, and the surface is then rubbed with some mercurial ointment or lotion. In this country the use of blistering fluid to the parts, which have previously been denuded of hair by means of scissors, or shaved, is often practised, and gives for the most part excellent results. Some careful practitioners cut off the hair from the whole scalp, and then use parasiticides. One of the most important points is to isolate the diseased children; and to take care that they do not use the same combs or brushes of their brothers, sisters, or schoolmates. Cod-liver oil and iron, with nourishing diet and country air, are useful for delicate children attacked with ringworm.

M. Lallier, of the Hôpital Saint-Louis of Paris, has recently been interested in the question of the parasite of tinea decalvans, and has shown that the spores are small, of a diameter of about three-thousandth of a millimètre, transparent, and found in groups. He alleges that the spore penetrates into the sheath of the hair, where it proliferates, atrophies the bulb, and prevents the reproduction of the bulb. He has found the spores almost on all parts, and that when there is the slightest amount of pityriasis, they are found in quantity.

It is certainly difficult to account for those cases of baldness which take place in a few days in adults by the theory of parasitism. Some observers allege of this form that it depends on want of nerve supply. Yet I hold by analogy that such cases even are due to pasasitic agency.

Of course epilation, as recommended by Hardy, is of no use where there are no hairs to pull out, as in cases of tinea decalvans, and hence repeated blistering with the liquor vesicatorices of the British Pharmacopœia is the most potent and universally useful of all remedies in ringworm or tinea decalvans.

Animal Vaccination.—The editor of the *Pacific Medical and Surgical Journal* remarks that bovine virus appears to be losing ground in professional favour in America, because he has noticed in many journals that physicians have encountered so much failure with that purchased in the east of the States, that they have been induced to fall back upon humanized lymph. I believe that animal vaccination would entirely supersede humanized if only there were a constant and ample supply of fresh and active lymph, and perfect security that the person who furnished it was honest. If all were as honest as Dr. Martin, of Boston, U.S., and Dr. Warlomont, of Brussels, I am convinced that animal vaccination would do away with the anti-vaccination craze so common at this moment in that land of crazes, England.

MR. ERASMUS WILSON ON ACNE.

Wilson defines acne as a folliculitis developed at puberty (*Medical Examiner*), consisting of a conical red pimple, which either suppurates or becomes a chronic tubercle. He does not admit that the folliculitis of adults which appears in the face is true—although it has been styled *acne rosacea*. He advises in the treatment of acne juventules frictions combined with kneading and pressure of the skin, with inunction of the hypochloride of sulphur ointment. This is to be performed at night, and washes off in the morning with much soap and water. For true acne rosacea, the old treatment by means of hot-water sponging of the face, followed by the use of a lotion of bichloride of mercury of two grains to the ounce, is occasionally of very great service. Arsenic is much recommended by Wilson for acne juventules. I do not think it advisable to give such a doubtful remedy for long, as it certainly fails in the great majority of cases to prove of any service.

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ABOUT BOOKS.

MIRACLE ET SCIENCE.

Louise Lateau: ou, la Stigmatisée Belge. Par la DR. BOURNEVILLE. 2ième Ed., Revue et Augmentée. Paris: au Bureau du Progrès Médical. V. A. Delahaye. 1878.

IT is in every way a source of gratification to be able to welcome a new edition of this work. Not only is it a book which contains much valuable information, but it is a subject for congratulation that such a work on the subject treated of has been so eagerly bought up and read that a second edition should be called for. It is written with that accuracy and care which are characteristic of its distinguished author, yet withal in such a style as to be of interest to the non-medical as well as to medical readers. Louise Lateau has already occupied a good deal of public attention. She has been covered with an aureola of glory, and beatified as a saint by the dignitaries of the Roman Catholic Church, and held up to scorn as little better than an impostor by keen observers, who only regarded her case from a scientific point of view. Dr. Bourneville dispassionately depicts the whole case and its surroundings, in such a way as might have been expected from a scientific physician. The history of the case is briefly as follows: Louise Lateau was born of humble parents in 1850; her childhood was passed in poverty, and she endured some severe shocks before her youth was ended; at seventeen she became chlorotic, and in the same year she suffered from an "*angine grave.*" Subsequently in the same year she became a martyr to neuralgia in various parts of the body. In 1868 she received an internal illumination which first made it clear to her that wonderful things were in store for her, strengthened her desire to suffer, and was the starting-point of the stigmata and other phenomena which subsequently made her famous. She had visions in which she saw the Saviour, the Virgin, and various saints. Soon she began to *abstain*, taking but little food, and only when urged to do so; the gross matter was becoming a suitable field of operations for the mystic force, as one believer in the miraculous nature of her sufferings expresses it. Shortly hæmorrhage occurred from the left side of the chest, of which she told no person. A month later the dorsal surface of both feet exuded blood, and very soon after both surfaces of the hands and the forehead; diminution and even suppression of urine, constipation, and sleeplessness subsequently completed the features of a case which, combining violent convulsive attacks with perversion of most of the principal vital processes, offer a very serious subject for consideration. Dr. Bourneville has had large opportunities of becoming familiar with every class of hystero-epileptic patients at Saltpétrière, and he makes excellent use of his experience there to throw light on the rarer phenomena of this case. Some engravings are given illustrative of extraordinary cases, and examples are adduced from the writings of Charcot, &c., which are highly instructive. One patient referred to is a hystero-epileptic, who during some weeks only passed from 0 to 85 minims of urine daily; during four months the average daily quantity was respectively 12 drachms, 9 drachms, 2½ drachms, and 3 drachms, and yet she ultimately recovered, after twenty years; the aphonia, contraction of both legs, and arms, and jaws, from which she was suffering, disappearing in a convulsive attack! Dr. Bourneville gives his readers very sound reasons for the views he holds with regard to the malady Louise Lateau suffered from. If he does not regard her as a chosen receptacle for Divine manifestations, he does look on her as somewhat of a martyr to fanaticism and ignorance.

Jahrbuch für Kinderheilkunde und Physische Erziehung. Neue Folge. Red Von Prof. Widerhofer and Drs. Pollitzer, Steffen, and Wagner. B. xii., H. 3. 1878. Leipzig: B. G. Teubner.

THE list of *collaborateurs* on the title-page would be sufficient, with the names of the editors, to make us anticipate good work in this "Jahrbuch," and no one will be disappointed. It is a most comprehensive digest of everthing relating to children. Seven original articles, including osteo-genetic sarcoma, suppurative exudation of the diaphragm, whooping-cough, &c., form the first portion of the volume, the Analekta, or reviews and abstracts, forming the remainder. The bibliography, also, is most copious. We heartily recommend this periodical to our readers.

The Use and Abuse of Pessaries. By GEORGE GRANVILLE BANTOCK, M.D. Pp. 32. London: H. K. Lewis. 1878.

DR. BANTOCK is a warm advocate of Hodge's pessary, and of a particular intra-uterine stem. In support of his views he quotes several cases which came under his treatment at the Samaritan Free Hospital, London, all of which, we need hardly say, terminated most satisfactorily. There is too much special pleading in his *brochure* to be convincing, and the style smacks unpleasantly of the rhetoric of the man at the fair with wonderful box of pills — "only sixpence!" The author considers vaginal pessaries to be useless in cases of retroflexion. As to the *modus operandi* of Hodge's pessary, he believes that its effects are due to its action on the cervix, but that it acts, "in the first place, by stretching the vagina longitudinally," by which means the cervix is drawn backwards and the body in an opposite direction. This result is stated to be due to "the fact that the uterus is a rigid body." Now, though this is practically the case in the normal uterus, it certainly is not invariably so in pathological conditions of that organ; and such descriptions by the author as "uterine tissues generally flabby" would seem to indicate that he was aware of the fact, though, in his zeal in stating his theory, he may have forgotten it. Whether stuffing the posterior sac is the best way to draw the cervix backwards or not we leave others to decide.

Fibromes Interstitiels de l'Uterus; de leur Guérison au Moyen de l'Hystérotomie par les Voies Naturelles. Par le Dr. Abeille, Lauréat de l'Institute, &c. Paris: Delahaye.

Traitement des Maladies Chroniques de l'Uterus; Guérison Radicale des Deviations, Inflexions, &c. Par le Dr. Abeille. Paris: Delahaye.

Dr. Abeille has devised a peculiar method of operating on the uterus, and of attacking tumours and other pathological conditions, both intra- and extra-uterine. It is founded on the familiar fact of the small reaction usually exhibited by the uterine tissues after the application of the cautery. Dr. Abeille has invented a peculiar set of instruments for operating, consisting of variously shaped scalpels, sounds, hammers, trowels, &c., all of which he employs heated to various degrees—*e.g.*, cherry-red, rose-red, white. The history of his cases is given in considerable detail, and his method certainly seems deserving of trial. He claims for it that it is quite free from danger, hæmorrhage, septicæmia, &c., having never occurred. The six cases of interstitial fibroma are noteworthy. He attacked them in his usual way, scarifying them with his heated knives in various directions, and ultimately effecting a complete cure in each case. In one case sharp hæmorrhage occurred after the operation, and was successfully treated by the application of the cautery within the womb. The method of treatment here advocated is of a very special character, and we are not aware that it has yet been tested by others besides its inventor. But it certainly seems deserving of a trial, and it would not be surprising to find it a success in many cases. The author is a man of large experience, and, as such, gives his readers many valuable hints.

The History and Progress of Surgery. By James George Beaney, F.R.C.S.E. Melbourne: F. F. Baillière 1877.

This is an address delivered on the occasion of the distribution of the prizes in operative surgery at the Melbourne Hospital. The author, as the teacher of the class and senior surgeon of the hospital, addresses his pupils on the history and progress of their art in a manner to stimulate them to renewed efforts. He takes a number of interesting incidents, such as the discovery of anæsthesia, the invention of new instruments, the introduction of new operations or methods of treatment, and discusses them in a manner well adapted to the occasion. We are glad to receive contributions from the colonies, and should not be sorry to be reminded more frequently that they are following close on the mother country in medicine, as well as other arts.

Is Our Physiology of the Large Intestine Correct? And is Constipation in Certain Cases and in Certain Persons as Injurious as is Generally Supposed? By Charles J. Harris, M.R.C.S. London: Baillière. 1878.

Colliery accidents, fasting girls, and other incidents have set the author of this pamphlet thinking, and he gives us the result of his lucubrations in twenty-four modestly expressed pages, with the formidable interrogatory for a title we have had to quote. To the first part of his question we might safely answer, No, for physiologists are at sixes-and-sevens about everything, and, therefore, can scarcely be expected to agree on this. To the remainder of his question we should be disposed to reply that, qualified as it is, Mr. Harris has probably replied correctly enough. Indeed, we have no doubt that the abuse of purgatives is wide spread, especially by the laity, and if this pamphlet induces any considerable number of practitioners to pause before they order cathartics it will do good service. The author has, in some instances, it seems, watched constipation for considerable periods without alarm, and the event has justified his confidence. In some cases we commend his practice, but—and in this he will very likely agree with us—inactivity may, in other cases, be as dangerous as meddling in these. Suggestions of this kind are useful as teaching men to think more and fall less fully into routine practice. Some interesting facts have been accumulated by the author from his reading. He might with advantage extend this over a much wider area, and subject the statements he finds to careful critical analysis. A little scepticism in another direction would add to the force of his scepticism on the use of aperients, or, at any rate, to his method of illustrating the conservatism of Nature in constipation.

LITERARY NOTES.

The new volume of Zeimssen's "Cyclopædia" has been distributed to subscribers.

"Brain" is the title of a new Quarterly with a strong literary staff.

Dr. Powell has issued (Lewis) his work on "Consumption" in quite a new form.

Mr. Hutchinson has issued (Churchill) the 11th part of his "Illustrations of Surgery."

Dr. Prosser James has issued (Churchill) a third edition of his "Sore Throat," much enlarged and illustrated with hand-coloured plates.

Professor Witkowski's *Anatomie Inconoclastique* is said to have met with such encouraging success in this country as a French work, that the publishers have determined upon issuing an English edition forthwith. Dr. R. Hunter Semple, author of "A Manual of Diseases of the Heart," &c., is engaged upon the translation.

The second thousand of Surgeon-General Gordon's "The Soldier's Manual of Sanitation" is announced.

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According to Lieutenant de Corbigny, literary men in Annam are known by the dimensions of their nails, which sometimes attain a length of twenty-five centimetres. The nail of one finger, however, is cut short, to enable its possessor to scratch himself—a laborious undertaking in all classes of that country.

MEDICAL OPINION.

FOREIGN DIPLOMAS IN GREAT BRITAIN.

THE *Lancet* says:—

We have long seen the inevitableness of some recognition of foreign diplomas. Long before last year our English brethren practising in the South of France by the grace of the French Government were threatened with French legislation that would compel them to pass an examination, or to cease practising in that country. It has for years appeared to us to be a matter of international advantage, as well as international grace, that countries competing in the honourable race of science should recognise each other's diplomas. We are, accordingly, gratified to see a provision in the Medical Bill for the registration of colonial or foreign degrees; the Medical Council is to judge whether the diploma is such as entitles the holder to practise in the country in which it was granted, and whether it represents a degree of knowledge equal to that required in this country to obtain a qualification entitling to registration. At the same time it is important that there be no undue laxity in the recognition of foreign practitioners, and we are very much disposed to agree with a correspondent, who objects strongly to the registration of a foreigner without a diploma from his own country. This would be carrying liberality to excess. If a man's own country does not give him a diploma he can scarcely complain of another country refusing to register him as if he had a diploma.

The *Medical Press* says:—

There is, without doubt, an anomaly deserving of remedy in the existing prohibition to an interchange of the privileges of medical practice between foreign countries and ourselves. It is admittedly unreasonable that a fully qualified English physician and surgeon emigrating to (say) Brazil, becomes, on his landing there, a quack, until he has complied with a curriculum, and passed an examination infinitely inferior to those to which he has been already subjected; and it is equally ridiculous that a medical graduate of the best Continental universities on crossing the Channel should be forbidden the authority to treat disease in our own country. To say truth, there is no so great superiority in our own method of education or of qualification as to justify our refusal to admit foreign or colonial degrees to a position of equality. We are perfectly self-conscious that the practice of medicine and surgery is pursued daily in Great Britain and Ireland under the eye of the General Medical Council and its constituent colleges, and with their cognisance, by persons who are either half educated or not educated at all, and while this is so, we cannot with any reason ask Parliament to forbid the access of foreign or colonial graduates to reciprocity with ourselves.

All that Parliament has to consider is how it shall admit competent practitioners and exclude the incompetent, and—in the matter of foreign diplomas—this is an extremely difficult question, and one of which, despite the deliberations of the Medical Council and the thought given to it by the Duke of Richmond, no satisfactory solution has yet been obtained.

As regards the qualifications to practise granted in Great Britain and Ireland the public and the profession have done their best to protect the community against the depreciation of the educational standard. They have given to the Medical Council the right to visit and inspect examinations, to order what curriculum of education shall be accepted as sufficient, and, in case the examination and curriculum of any licensing body is insufficient to ensure the competency of its licentiate, they have authorised the Medical Council to exclude those licentiates from the legal practice of the profession. It is evident that these safeguards against low-class examinations, nominal education, and the sale of diplomas to unskilful and inexperienced persons, are inapplicable to foreign or colonial degrees. Visitation of the examinations of American or continental universities is practically impossible, for, though it might be feasible to inspect the examinations in the first instance, and as a preliminary to their recognition, it would be obviously out of the question to visit them with such frequency as to ensure that their stringency should be maintained. Then, again, it is plainly impracticable to suggest that the Medical Council shall supervise the education of foreign students, or it knows nothing, and can know little, respecting the educational value of the instruction given at continental or colonial schools of medicine. Lastly, even if it were possible to visit licensing bodies outside the kingdom with sufficient frequency and to make requisite a certain standard of education, these powers would be useless in the absence of any control over the licensing bodies in question. The Medical Council might—if adequately informed—refuse to recognise such qualifications in Great Britain, but it could not take upon itself to exclude any qualifying body upon the strength of such information as it might possess.

There is an admitted necessity to permit qualified foreign graduates to practise in Great Britain, not so much for the accommodation of aliens, who seek their medical fortune in our country, but to secure to our own countrymen the privilege of practising in continental watering-places, a privilege which was threatened to be extinguished in France, as a measure of retaliation for our refusal to admit foreign graduates to the medical register; and the Duke of Richmond attempts to meet that necessity by the following clauses of his Bill—

Clauses 5 and 6. "Where a person who is not a British subject (or, in the case of the colonies, is not domiciled in the United Kingdom), or who has practised medicine or surgery, or a branch of medicine or surgery, for more than ten years elsewhere than in the United Kingdom, shows that he obtained some recognised medical diploma, or diplomas as hereinafter defined, granted in a foreign country (or a British possession), and that he is of good character, such person shall, upon payment of the registration fee, be entitled without examination in the United Kingdom, to be registered as a foreign (or colonial) practitioner in the medical register.

7. "The medical diploma or diplomas . . which are to be deemed recognised, . . shall be such . . diplomas as may be recognised for the time being by the General Medical Council, as entitling the holder thereof to practise medicine or surgery in such possession or country, and as representing at the time of the grant thereof a degree of knowledge as tested by examination, equal to or greater than that which, at the same time, was required to obtain in the United Kingdom such qualification as entitles the holder to be registered."

It would seem that the registration of two classes of diploma-holders is here contemplated: firstly, the foreigner or colonist, who is an alien in the strict sense; secondly, the British subject who emigrates. Of these, the foreigner or colonist will be privileged to register his foreign diploma, and enter practice in Great Britain the moment he obtains it. The British subject, on the contrary, cannot apply his foreign diploma to a similar purpose, until he has practised ten years abroad. The intention of this restriction is, no doubt, to prevent British students taking a return ticket to Canada or Switzerland, and upon the strength of the diploma there obtained, setting up in practice in England, and, in this view, the restriction, though apparently unfair, is deserving of approval, not only because it will act as a protective to English colleges, but because it will prevent the inducement which would otherwise exist, to lower the British standard of education to a level of competition with America or Germany. Any enactment which excludes from practise that class of student who flies his own country to seek cheaper and easier diplomas elsewhere, should be welcomed by the profession.

In the 7th clause of the Duke of Richmond's Bill quoted above, the difficulty to which we have alluded presents itself in full force. The foreign or colonial diploma which is to be registrable is to "entitle the holder thereof to practise medicine or surgery in such possession or country."

There is, in the case of German degrees, very much more in this proviso than appears. In Germany the Government has taken all the important examinations out of the hands of the Universities and committed them to the care of separate Governmental boards. Whoever wants to go to the medical profession must first procure his "Abgangs Zeugniss," or University testimonial, and, on the strength of it, he may apply to be admitted to the "Staats Prüfung" or State examination, the university degree being insufficient to admit him to practice. Thus, it will be seen that, in admitting to the medical register such German degrees as "entitle the holder thereof to practise medicine" in his own country, we are receiving only the practitioner who has passed his "Staats Examen." We have the guarantee of the German Government as to his competency, as to his fitness, and that is a title to the public confidence very different from the degree of any University. Such a stamp of competency we may readily accept without question, and, therefore, in the case of German degrees, it becomes unnecessary for the Medical Council to take cognisance of the requirements of individual licensing bodies. This state of affairs is, unfortunately, not the condition elsewhere. In America, for example, the rights of practice differ in almost every one of the States of the Union. In some of them a degree of competency higher than our own is requisite for practice. In very many others, persons are allowed to practise on a nominal amount of knowledge, and the curricula and examinations are as various as possible. In some of the States a man may be "entitled to practise medicine or surgery" on the authority of an examination which is a mixture of allopathy, homœopathy, eclecticism, and numerous other forms of "pathys.' It is difficult to understand the method by which the General Medical Council is to select amongst these, and to separate those diplomas "which represent a degree of knowledge, as tested by examination, equal to, or greater than, that which is required, to obtain in the United Kingdom such qualification as entitles the holder to be registered."

We trust that when the question whether a particular foreign degree does or does not "represent a degree of knowledge . . equal to or greater than that which is required to obtain" a British license, comes to be decided, a decision may be arrived at by some better means than that adopted by the General Medical Council for its recognition of certificates in preliminary education. In the published list of examinations accepted as sufficient evidence of general education, we find those of teaching bodies in Melbourne, Tasmania, and other places, respecting the sufficiency of which certificates the Council could have no knowledge at all. They seem to have admitted the *testimonium* of these teaching bodies to the recognised list, simply on the request of those bodies, and such other hearsay evidence as was accessible.

If the General Medical Council follows, in respect of foreign diplomas, the precedent created by itself in the matter of arts certificates, we apprehend the flooding of Great Britain with colonial licenses, obtained no one knows how. There is an attractive and lucrative field of practice in Great Britain, and there will be, therefore, a serious danger, in case of the passing of these clauses of the Duke of Richmond's Bill, that very many colonists and continentals who have become impatient of waiting for practice in their own countries will fetch their diplomas of doubtful character to Great Britain, and try their skill upon the public at our side of the water.

THE GOVERNMENT MEDICAL BILL.

The *Lancet* says :—

The "difficulties" are so numerous and complicated, and the differences of opinion are so serious, that nothing less than a Royal Commission will suffice to collect all the evidence essential for showing the evils of the present system and the proper ways of remedying them. The Duke himself must see that it is not enough to refer on this subject to such a body as the Medical Council. It is too representative of interests and of sensitive traditional feelings to be a guide in all the difficult ways of medical reform. The public is deeply interested in the utmost efficiency and simplification of the process by which its medical practitioners are qualified. Moreover, the profession at large feels most strongly, and is in a position to offer serious obstruction to any imperfect Bill. Under all these circumstances—for which, it is only fair to say, the Duke is not altogether responsible—the right and dignified course will be to refer the subject of examinations in medicine for inquiry by a Royal Commission. Any Bill brought in after due inquiry by such a body would be likely to be accepted with practical unanimity.

The *Medical Press* says :—

In the absence of the new blood which the profession desires to infuse into it, the General Medical Council will, no doubt, continue placidly to look on and to gratify itself with an annual *caucus*, but it will probably do no more for better or worse, and should we fail to carry out our transfusion project, we must be content with that body as it is. We need hardly resist the Duke's Bill, because it does not give us direct representation, but his Grace's proposal in reference to conjoint examination is a different matter.

That proposal must be resisted with all the energy of the profession, for, however much we may desire reform, however anxious we may be to help the Duke's Bill through Parliament, we cannot accept medical reform on such terms as would be worse than that which we desire to amend. The exemption of the Universities from conjoint examination schemes would be fatal to every principle of equity and to the object which the Bill aims at attaining. Some of the Universities, be it said with awe, are far from being superior to the temptation of underselling colleges in curriculum examination and fees in order to catch graduates. Some of them need compulsion just as much as the corporations, and already several of them are in hot competition with those much-abused institutions for the diploma fees of students. In Ireland, for instance, a compulsory conjoint scheme from which the Queen's University would be exempted would be simply destructive to the corporations. Already that University gives for £5 a degree equivalent to that for which the College of Surgeons charges £26 5s., and, in fact, the severest competition with which Irish colleges have to deal is that of the Q.U.I.

ADMISSION OF WOMEN TO THE PROFESSION.

The *Standard* says :—

If women are to have medical diplomas at all, there must be no difference between the examinations they have to pass and those undergone by men, however much they may be separated during the preliminary training. This is a question which is not to be got rid of by any side wind. Either women are to be admitted to medical diplomas on precisely the same terms as men or they are to be left out in the cold altogether. Whatever legislation takes place to amend the law concerning the medical profession, this fact must be recognised. However much we may sympathise with a different kind of examination for women, it would be absurd to offer it under the circumstances, for the old clamour would still go on, and the women so qualified would be in no better position than the midwives, for whose examination and registration provision is made in the very Act under discussion. Looking at the tone of the various debates which have taken place on this question during the last few years, and the action of more than one examining body on the matter, it is clear that sooner or later women will find entrance into the medical profession allowed them on the same terms as men. * * * * * * * * Those concerned must face the probability that when once the novelty wears off, women who become doctors will find practice as hard to gain as scores of struggling practitioners of the male sex do at the present time. One or two lady doctors are novelties, and gain adherents for that very reason; but when once any woman can enter the profession they will find that they have been striving for what, commercially speaking, is not worth the fight. In this profession, above all others, women will probably find themselves worsted by men; for, however accomplished they may be as nurses, the work of the physician or surgeon demands powers of a far higher calibre, and the feminine aspirants to the honours of the operating theatre will soon find their level.

The *Medical Press* says:—

The Duke of Richmond, by introducing into the Medical Acts Amendment Bill clauses providing for the medical examination of women, has raised the question of the admission of lady doctors to the profession beyond the arena of dispute in which it has hitherto lain. He has given to the proposition the dignity of recognition by the Government, and he has left nothing now to be done saving to decide upon the means by which the incursion of the "gentle sex" may be facilitated. But the matters which he has left thus undecided, and which he has attempted to deal with in the clauses of his Bill, are in reality the disputed ground which the lady doctors have, as yet, found it impossible to cross, and we may expect that their progress through the doctor's outworks will still be vigorously and obstinately contested by those who have hitherto resisted the intrusion of female physicians. There are, no doubt, many who think that the ingress of women to the profession ought to be resisted as being a vital injury, not only to the pecuniary interests of doctors, but to the prestige of the profession, but the disciples of this creed are a small minority, and, though that minority is mainly composed of senior, and, therefore, influential members of our order, they are not of sufficient force to impede seriously the progress of the lady doctors. Taken in the aggregate, both the public and the profession are distinctly of opinion that the ladies should be afforded the amplest facilities for education and examination, so long as their education can be conducted with due regard to propriety, and without hindrance to male students, and so long as their examination is, in all respects, as full and searching as that to which male students are submitted. Unfortunately, neither the lady doctors nor the Duke of Richmond seem to regard the matter from the point of view thus assumed by the *Standard*. The ladies, it is true, have always demanded absolute equality of education with male students, admission to the same wards, and instruction on the same cases and in the same classes as male students, no matter what might be the subject of the instruction; but when it comes to the examination, the Duke of Richmond, on their behalf, hastily abandons the principle of equality of education, and proposes to enact a different and less stringent test for females than that demanded from males. The Bill says (Clause 14):

"The examination rules (*i.e.*, the rules to be enacted by the Medical Council for all qualifying examinations) shall provide for the admission of women to the examinations, provided that. . *b*—they shall not compel a woman, in order to obtain such qualification as will enable her to be registered, to pass, *if she object to do so*, the same examination as men without any distinction on the ground of sex."

To such a provision we object most emphatically, and protest against the reception of women within the pale of our profession, except upon terms absolutely even with those to which we have ourselves submitted. Such an enactment would operate as a direct encouragement to licensing corporations to set up a sham examination with which to catch the diploma fees of the ladies, and we should not have to wait long for a college which would meet the views of the women students by cutting out of their curriculum and their examinations as many subjects as they might consider that female students would "object" to pass. Moreover, it would be contrary to every precedent, and in violation of every principle of justice, to permit a student to refuse "on the ground of sex," or on any other ground whatever, to answer questions put to him or her. It would be, surely, a ridiculous proposal that a male student should be permitted to decline to answer upon the anatomy of the female pelvic organs, the physiology of gestation, or upon obstetric surgery, and inasmuch as it would be impossible to debar women from any line of practice, once their names were placed on the register, it would obviously be improper to allow them to appear on that list, until they had been tested effectually upon all subjects to which their future practice might possibly be applied. The Duke of Richmond will deal most fairly with the troublesome problem which he has undertaken to solve, by removing every legal restriction which forbids a licensing body to grant diplomas to women, by forcing every such body to receive women students who display the same degree of competence as their male competitors, and by requiring the ladies to encounter the same education and the same examination in all respects as is required for masculine candidates. If this be done, the race for success in the practice of medicine cannot be fairly forbidden to those ladies who choose to try their luck. We may doubt their wisdom, but must not refuse them their rights.

JOTTINGS FROM JOURNALS.

ON ANÆSTHESIA DURING LABOUR.

THE employment of anæsthesia in natural labours is again occupying the attention of the medical public. Dr. Bailly, who published in the *Bulletin Thérapeutique* a communication on this controversial subject, is of opinion that, from a practical point of view, anæsthesia employed in natural labour marks a most important step in the progress of obstetrics.

A partisan of the method inaugurated by Simpson (popularised in France by M. Campbell), M. Bailly advocates this therapeutical measure, as he has observed conclusive facts, as he believes, in its favour. Before describing the new apparatus of Legroux, some of the conclusions of Dr. Bailly are worthy of consideration. The contra-indications for anæsthesia, according to Dr. Bailly, in natural labour, are—

1st. The opposition of the patient to this mode of treatment.

2nd. Disease of the cardio-vascular system and the lungs.

3rd. The slight intensity of the pains.

It is indicated during the second period, during the time of expulsion, in patients who bear their pains badly; it should then be administered without waiting for the appearance of signs of exhaustion, as alteration of the features, dryness of the mouth, acceleration of the pulse, &c. Chloroform, he says, should be used at the beginning of the pain, or in the interval of uterine contraction, so as to produce not only calm, but drowsiness. This moderate dose may be continued for three or four hours.

The method of M. Bailly is not identical with that of M. Campbell. Anæsthesia employed by the latter is much more incomplete; he maintains that he is able, by means of very small doses, administered in an intermittent manner, to diminish the intensity of uterine contraction, to retard its return whilst the patient preserves intelligence and consciousness, so that the accouchement is completed in a state termed *lucid analgesia*. In a recent work on direct uterine narcosis M. Campbell has endeavoured to explain the mechanism by which these results, disputed by eminent opponents, are obtained.

In 1867 Dr. Fridet, in his thesis on the employment of chloroform, arrived at this conclusion: the degree of chloroformisation suitable for natural labour is that in which we have a light sleep—a semi-consciousness, as in a dream—and frequently a knowledge as to what is taking place around. The innocuity of Simpson's method is indisputable; it is demonstrated by facts, and depends, without doubt, as M. Bailly says, on the fact that in simple accouchements anæsthesia is not pushed so far as in surgical operations. The patient, far from dreading the operation of chloroformisation, likes it, as she knows it will alleviate her sufferings. We know the effect of chloroform in diminishing pain has been questioned, but we believe it is indisputable. The recent *mémoire* of Campbell on "Chloroform and Obstetrical Anæsthesia," proves that sensibility to pain diminishes before sensibility to temperature or contact. The analgesia obtained in obstetrical anæsthesia in small doses has been very justly compared to the effects produced when chloroform is administered in hepatic or nephritic colic.

One of the objections to the anæsthetic method arises from the difficulty of watching the labour, and at the same time administering the chloroform. M. Legroux, by modifying an apparatus designed by Demarquay, has produced a convenient one for chloroformisation. Its construction is simple, as may be seen from our description.

A small pyramidal mask of fine iron wire is covered with thick flannel. The chloroform is projected on the flannel in a very fine jet by means of a kind of *compte-goutte*, formed by a small graduated flask, into which a tube is fixed. This tube is bent at a right angle at its other extremity. The neck of the bottle containing the chloroform is armed with a caoutchouc ball, which, when compressed, exhausts the air, and effects the expulsion of the liquid through the tube.

This apparatus, as M. Legroux explains, allows the operator to graduate the quantity of chloroform administered to his patient, and as it is fixed on the head by means of lunettes it always remains in position, no matter how the patient may move.

M. Bailly says—"This instrument leaves nothing to be desired, and answers well the object for which it is intended. Without doubt, M. Legroux' apparatus will contribute to the popularisation of chloroformisation in simple labours, and will soon be employed by all partisans of the method.—*La France Médicale*, Feb., 1878.

ABSCESS OF THE HEART.—The following case is reported by Drs. Creveling and Button (*New York Medical Record*, March, 1878): Thomas Brennan, aged 63, entered the State Prison, June 6th, 1877. On the 9th, 12th, 22nd, and 29th of the same month, he complained of cardiac pains, which were sometimes relieved by anodynes, and sometimes passed off without treatment. On July 15th he was again attacked; the pains grew rapidly more severe, and did not leave him until his death (Nov. 30th). At the necropsy the pericardium was found closely adherent over the entire surface of the heart; the endocardium was normal, showing no signs of inflammatory changes. A hard mass was discovered in the wall of the right ventricle, extending from about the middle of this cavity to near the top of the auricle, and encroaching somewhat upon both these cavities. On opening into the tumour, an ounce or more of laudable pus escaped, the greater portion of which lay opposite the upper half of the right ventricle. The abscess had not pointed, or given any other sign of spontaneous rupture. The external wall was about a quarter of an inch thick; the internal a trifle less. The whole amount of pus was situated in the muscular structure of the right side of the heart, which was still firm, giving no evidence of softening or degeneration; nor was there any indication of endocarditis or valvular disease.

THE HISTORY OF THYMOL.—Dr. Lewin says thymol was first found and described by Kaspar Neumann, in the year 1719. In respect to its uses in medical practice, Paquet (*Bulletin Général de Thérapeutique*, 1868) first mentions that he had used it in a few cases as an antiseptic, on the recommendation of the pharmacist Bouillon (*ibid.*, page 508). It is stated in Paquet's communication that he experimented with a "syrupy preparation," therefore with that which was certainly not pure thymol, which has a beautiful crystalline form. The first investigation of this material was conducted by Dr. Lewin, on the recommendation of Professor Liebreich, in the Pharmacological Institute of the University of Berlin, and is reported in the *Centralblatt fur die Medicinischen Wissenschaften*, May, 1875, as well as later, in Virchow's *Archiv.*, Band 65, 1875. From this research there arose at once the modern extended practical application of thymol, as Ranke (Volkmann's *Sammlung Klinischer Vorträge*, No. 128) and other practitioners have already mentioned.

TRANSPLANTATION OF THE URETHRA TO THE PERINÆUM.—In the *Archiv. fur Heilkunde*, Heft vi., 1877, Dr. Wedemeyer reports a case of cancer of the penis, in which Professor Theirsch amputated that organ. After amputating at about the level of the pubic bone, and checking the hæmorrhage, a catheter was introduced into the urethra; an incision was then made along the raphe of the scrotum to the perinæum, thus dividing the scrotum into two equal parts and exposing the urethra, the anterior termination of which was loosened from its attachment in the pubic arch for a distance of about four-fifths of an inch. A small incision was now made in the perinæum between the posterior extremity of the scrotal wound and the anus, an inch and a-half in front of the latter; the urethra was drawn through this opening, and its walls fastened in the borders of the wound. The operation was made under Lister's spray. Fourteen months after the operation the patient reported himself as perfectly free from all inconveniences. He could project his urine forward at angle of 45 deg. from the vertical line.

SULPHOCYANIDES IN THE URINE.—Sulphocyanides have long been known to exist in the saliva, and in works on medical jurisprudence, analysts are warned to distinguish between it and meconic acid. Gscheidlew and Munk have recently, but quite independently, proved that these salts are also present in urine. In the human urine ·0225 grammes of sulphocyanic acid in the form of sodium salt are found in 1,000 cubic centimetres.

LESIONS OF THE ANTERIOR ROOTS IN DIPHTHERITIC PARALYSIS.—Dejerine examined *post-mortem* three cases of diphtheritic spinal disease in children, in one of whom during life paralysis of almost all the muscles of the body had been observed in addition to the paralysis of the velum palati. In the other two cases a similar condition existed in the muscles of the upper extremities and neck. The anterior roots of the spinal nerves were placed in a one per cent. solution of hyperosmic acid for twenty-four hours and then examined. In the first and most severe case Dejerine found in most of the nerve fibres the signs of a far advanced parenchymatous neuritis (degeneration). The axis cylinders were gone, the medulla fissured or infiltrated with drops of myeline; the nuclei of the nerve-sheaths, as well as those of the intertubular connective tissue, were multiplied. Similar changes were observed in some peripheral nerves taken from the muscles; the muscular fibres themselves seemed entirely intact. Similar, though less marked, were the changes observed in the other two cases, in which the paralytic symptoms had been less extensive, and of shorter duration than in the first case. The changes in the nerves resembled those which appear when the nerves for any reason are deprived for a long period of the influence of their trophic centres, and it seems probable, according to Dejerine, that the changes in the peripheral nerves are dependent upon a cellular intramedullary lesion. He promises the results of the examination of the cord at a future time.—*Gaz. Méd.*, 1877, No. 33.

LARYNGOSTROBOSCOPY.—The actual vibrations of the vocal cords during the production of sounds have hitherto eluded direct observation. According, however, to a publication by Dr. Oertel, of Munich, their observation is a matter of little difficulty, and is likely to afford instructive information regarding the physiology of the voice. It is only necessary, he asserts, to employ a light sufficiently strong, and to provide an arrangement by which it shall be rapidly interrupted, to render the vibrations visible. The effect of the interruption of the light is to retard the perception of the individual vibration, or rather to prevent their impression on the retina from being modified before it can be perceived. Thus it is possible not merely to observe accurately the vibrations of one of the vibrating cords, but also to compare the vibrations of one with those of the other. The light which is employed must be of the most powerful character, by preference direct sunlight, or the electric or oxyhydrogen light. The interruption may be conveniently produced by a perforated diaphragm revolving rapidly, and at a rate proportioned to the rapidity of the vibrations of the sounding cord. Or it may be interrupted by a tuning-fork, and in the latter case a note should be chosen of the same height as that produced by the larynx under observation, or an octave from it. The interrupting apparatus must be placed between the light and the laryngoscope mirror, or behind this mirror between it and the observer; the latter is a convenient position for the revolving diaphragm when a little practice in its use has been obtained, and the diaphragm can be turned by the hand at the needful rate for observing the vibrations at a given note.

When a chest-note is uttered the laryngoscope shows the vocal cords vibrating in their entire extent, and the sharp edge cannot be seen. By the interrupted light these vibrations may be separated into the movements of which they are made up, but are seen to be still vibrations of the vocal cords as a whole. When, however, a falsetto-note is uttered, the vocal cords are seen to be apparently scarcely moved, and with the interrupted light this is seen to be due to the circumstance that the cords are vibrating in sections, two or three, according to the height of the note, the sections being divided by one or two nodal points.—*Lancet.*

Arseniate of Gold.—Arsenical preparations now-a-days reckon amongst their advocates physicians of all countries. It will suffice to mention the names of Zeller, Smalz, Lefébure, Fodéré, Valentin, Cazenave, Boudin, &c. On the other hand, the valuable observations, collected through half a century, upon the application of gold and its compounds in the treatment of syphilis, of phthisis, and of strumous affections are known to every one. Cullerier and Bard have declared that gold has been able, in certain cases, alone to destroy the venereal virus. Lalouette has vaunted in scrofula a compound of which gold forms the base. Ramazzini, repeating the opinion of Fallopius, says: "That nothing is preferable to the power of gold when it is desired to arrest the bad effects of mercury upon the organism." Legrand has published a work showing its happy influence on the constitutional symptoms of syphilis, such as ulcers of the nasal fossæ, pharynx or larynx, cutaneous eruptions, exostosis, necrosis, caries, &c. Trousseau and Pidoux have noted in the *Traité Classique* the advantages which they have sometimes derived from dressing unhealthy ulcers with an auric ointment, or from friction of syphilitic engorgements, with such an unguent. Chrestien, says Fabre's *Grand Diction. de Méd.*, has tried auriferous preparations in the various forms of strumous affections, and has derived from them marked advantages. Duhamel, in the words of the same author, has obtained unhoped-for results. Neil has employed them in tinea and elephantiasis, Biett in Sycosis, and Gorzi in Scorbutus. If to these affirmations there be added those of Pellotier, of Duportal, of Pierquin, and other practitioners not less affirmative, we are justified in concluding that the ancient renown of preparations having gold for a base rests now-a-days upon established facts. To Dr. Chrestien is due the credit of being the first to use a combination of gold and arsenic. . . . . . Chrestien having treated phthisical patients with the muriate of gold and arsenic alternately, immediately discovered the similarity of their action. The first applications in France were made by Dr. Massart, who administered the arseniate of gold in cancer, and in phthisis, and who had the honour of seeing his remarkable work approved by the *Société de Medicine* of Lyons and Toulouse. Last year, at the Congress of German Surgeons, Prof. Esmarch reported two striking observations in which the employment of arsenical preparations had been successful in suspending the effects of a cancer at a period when useful surgical interference was out of the question. . . . . . . In the arseniate of gold the practitioner has at his disposal, in a small compass, two active substances which are synergic in their action. . . . . Italian and American observations have established beyond a doubt that diseases such as lupus, depending upon scrofula, are rapidly ameliorated and ultimately cured by the arseniate of gold. The first effect of the arseniate of gold is a rapid increase of appetite. As Harless, Biett, and Cazenave have already remarked, the peristaltic contractions of the stomach and intestine are excited, and absorption occurs with greater rapidity. The arseniate of gold then directly involves the numeration of the anatomical elements, and consequently exercises a direct effect upon the different varieties of anæmia and chlorosis.—*La France Médicale* and *Canadian Journ. of Med. Science.*

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IN THE LABORATORY.

DANGEROUS COSMETICS.

In the *Analyst* for April Mr. Charles Piesse says that he had submitted to him for analysis a small quantity of a white substance, in the condition of a magma, and he was informed in reference to it that it was used by an American lady as a face cosmetic. The lady, unable to purchase the preparation in London, desired to have some manufactured especially. The result of his examination showed that the substance consisted wholly of *calomel*, the wetness of the magma being due simply to water.

A NOVEL MILK ADULTERATION.

To the *Analyst* for April Dr. J. Muter communicated the result of examination by him of a sample of milk to which his special attention had been directed, in consequence of the very low percentage of ash which his preliminary analysis showed.

After numerous researches, he at last found that the foreign matter in the milk was glycerine, which is certainly a most ingenious addition, as a solution of that body in water of 12 per cent. strength has a specific gravity of 1.030; and he found, after several experiments, that 35 per cent. of such glycerine water might be added to milk without being detectable either by gravity or by the ordinary "solids not fat" process. Moreover, such an amount does not give any extraordinary sweetness easily detectable by the taste.

ACIDUM HYDROBROMICUM DILUTUM.

Dr. de Witt C. Wade, who was the first to introduce hydrobromic acid, to whom Dr. Fothergill was indebted for the idea of using it, has written to *New Remedies* in reference to it. He admits that Dr. Squibb's method would produce a pure acid, but he thinks the tartrate of potash left in the fluid by his own plan—not above 1-6th gr. in a dose—is of no consequence, while the readiness with which the medicine can be made will make it popular. It appears that Dr. Fothergill made a mistake in the formula, which, as first published by Dr. Wade, may be again repeated.

The following is the theoretical formula :—$KBr + 2T + HO = KO\,2T + HBr + HO$, and each fluid drachm of the finished preparation should represent 10 grains of bromine.

The following working formula provides for 10 grains of bromine in each fluid drachm of the finished preparation :

Bromide of potassium	120 grains.
Crystallised tartaric acid	153 grains.
Water	1 fluid ounce.

Or—

Bromide of potassium ...	11 avoir. oz.
Crystallised tartaric acid ...	14 avoir. oz.
Water	40 fluid oz.

Dissolve the bromide and then the acid in the water, and keep at a low temperature till precipitation ceases, and decant.

It is to be hoped that careful reports of numerous cases may be recorded of this, and it has been found that half a fluid drachm is an average dose for an adult, and it is convenient for both prescriber and dispenser. Those who have copied recent formulæ, in which the proportions are inaccurate can remedy their error by substituting the above, which until an officinal preparation is ordered will be likely to be popular. At the same time skilled pharmacists should be able to produce the more pure preparation, and any who do so would do well to make its strength correspond with Wade's.

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NOVELTIES.

NEW METHOD OF SECTION-CUTTING AFTER FREEZING BY MEANS OF ETHER SPRAY.

DR. R. SHINGLETON SMITH draws attention in the *Lancet* to an easy and convenient method of obtaining sections of soft tissues in the readiest possible manner and with little expenditure of time. All the freezing microtomes which are in use, he finds, necessitate considerable leisure and freedom from interruptions. Most of them also require that a stock of ice shall be always ready to hand. The great loss of time required for freezing may be obviated by the use of Dr. Pritchard's copper cylinder; its only objection is that ice is indispensable. The various forms of microtome in which ice is not employed, but in which freezing is accomplished by means of ether, necessitate a considerable consumption of ether, and accordingly become rather expensive if frequently employed. A combination of a modification of Dr. Pritchard's cylinder with the process of freezing by ether spray has been found to give excellent results. The plan adopted is as follows: a wooden cylinder three inches long, flattened at each end, has a small solid cylinder of copper (half an inch in diameter and three-quarters of an inch in length) fitted into one extremity with only one-eighth of its length projecting beyond the wood, the copper being packed firmly in a depression of the wood by means of felt. The flat projecting end of the copper is slightly roughened. To make sections it is only necessary to take a small piece of the tissue, cut a flat surface, drop a very little strong gum on the end of the copper, place the tissue upon it, and then apply the ether spray; the tissue will freeze in a few seconds and become firmly attached to the copper block; the spray should be passed over the razor, and then, the wooden cylinder being held in the left hand, or simply steadied by the hand whilst resting on a table, sections may be cut by the razor in the usual way. If the tissue begin to thaw, the spray may be re-applied as often as necessary. Frozen tissues are so hard that the razor may be made to cut section after section quickly, and extremely thin sections may be obtained without difficulty. No microtome is necessary, and no great dexterity in section-cutting is required.

The object of the copper cylinder is to keep the tissue frozen long enough for sections to be made; its presence necessitates the use of rather more ether than would be required to freeze the tissue on a non-conductor, as wood; with dexterity it is possible to cut sections frozen on wood by the ether spray, but the use of the copper allows more time and care in the process.

The ether used is the anhydrous methylated ether, sp. gr. 717. Two or three drachms are quite sufficient to freeze a piece of tissue half an inch in diameter, and to maintain it frozen long enough to cut fifty or a hundred sections. One objection may be mentioned—viz., the inflammability of ether. It is therefore necessary to be cautious in using the spray near a microscope lamp, as would not improbably occur at night.

A NEW FORM OF FIELD TOURNIQUET.

DR. JOHN M. HUNTER, Staff Surgeon, R.N., in the *Lancet* of April 27, describes a field tourniquet for such as have had some slight surgical training. It consists of an oval wooden pad 1¾ in. by 1¼ in.; slightly concave on the lower surface, which is covered with chamois-leather. The upper surface is sloped to each side, leaving a flat central ridge, upon which a piece of web (26 inches long), with a buckle, is laid, and fastened by a slip of wood ⅜ in. high being nailed over it. Two wedges of wood, the breadth of the pad and 1½ in. long, are nailed, with two rows of tacks, upon the upper surface of the web, one on each side of the central slip, the apex of each being about ⅜ in. distant from it. A square staple, the breadth of the web, made out of stout wire, is driven into the base of each wedge, and bent down at right angles so as to project a little over the lower edge. The web passes through this staple, which receives the chief strain when in use. A small brass eye is screwed into the centre of each base, and then a piece of whipcord fastened to the lower part of one of the eyes, and passed once through each eye completes the instrument.

The mode of use is simple. The pad is buckled over the artery, and fixed by one hand, while the free end of the cord is pulled by the other. This causes the wedges to rise from the horizontal position, thus tightening the web, and thrusting the pad down on the artery. When the wedges are sufficiently brought together, a couple of half-hitches around one of the eyes make it secure. The web being continuous beneath the wedges and central slip, forms a hinge for the apices, keeping them on the pad. The wedges act as levers, and the eyes as pulleys, which, as the cord is threefold, greatly increase the power applied, and the projection of the pad and wedges being all within the periphery of the circle formed by the tightened web, there is no power wasted in mere constriction. The entire instruments weighs a little less than two ounces.

A NEW ILLUMINATOR.

AFTER the delivery of the annual oration last week at the Medical Society of London, by Dr. Alfred Carpenter, Dr. Edmunds introduced a new parabolic illuminator, which is a decided improvement upon those already well known to microscopists, and by its aid a large pencil of unrefracted light is condensed upon a microscopic object at almost any angle up to nearly 90 degrees, and at all azimuths. The positive image of the object is seen upon a dark background, even with immersion objectives of the largest angle of aperture, so that a new view of histological significance is obtained of such objects as blood corpuscles, saliva, bacteria, &c., whilst test objects, as diatoms, are more readily resolved than by any other means. The lines of *Amphipleura pellucida*, numbering 200,000 to the inch, are seen as a number of closely set black and green bands. The illuminator is a solid plano-paraboloid lens, upon the plane surface of which the object-slide rests. It is made optically continuous with the substance of the paraboloid by means of a drop of anhydrous glycerine. Parallel rays of light must be thrown upon the base of the paraboloid, which acts on the principle of total internal reflection.

THE POCKET FORCEPS.

Dr. **JAMES F. SULLIVAN**, of San Francisco, says in the *Western Lancet*, that he has used for the past seven or eight years, a simple contrivance which consists of the blades and lock, without the handles, of the ordinary short forceps. Each blade terminates with a strong ring, set close to the lock, which takes the place of the handle. This affords an extracting power (which can be increased if necessary, by inserting a strong cord or strip of cloth through the rings) without that *compression* of the head caused by the handles, which endangers the life of the child. He carries one blade in each breast pocket, and when required, they can be warmed and oiled in an adjoining room, rolled in a napkin, and placed in the bed ready for use. On several occasions, when a woman has been attacked with puerperal convulsions, he has been able to effect delivery in a fraction of the time it would take a messenger to fetch a case of forceps from home.

NOTES, NEWS, AND GOSSIP.

The late Dr. Jephson, of Leamington, was a very remarkable man. At one time he was the busiest and most successful physician in England. He actually received in one year £24,000 in fees. In 1848, he became blind, and has since lived in retirement until the 14th ult., when he died at Leamington. He was much beloved, and bore his deprivation of sight with a patience that endeared him still further to his friends.

Poisonous Violet Powder is the last abomination in the way of adulteration. Arsenic is the adulterant. It is said that sulphate of lime is also freely used to adulterate violet powder.

Representation in the Council.—The British Medical Association has collected 5,000 votes in favour of *direct* representation of the profession in the General Medical Council. It is doubtful whether many of the five thousand know that the word *direct* is intended to imply a particular method of securing representation.

Progress of Botany.—A correspondent sends us a most curious illustration of the progress of botanical knowledge. He notes that in the bible 100 plants are alluded to; Hippocrates mentioned 234, Theophrastus 500, Pliny 800, Gesner (in the 15th century) 800, Bauhine (end of 15th century) 6,000, Tournefort, in 1694, recognised 10,146; Persoon, in 1805, described 25,000; De Candolli, in 1819, 30,000; London, in 1839, gave 31,731 species; Lindley, in 1846, gave 80,387; in 1853 these had increased to 92,920, and, in 1863, Bentley estimated the known species at 125,000.

Stammering in France.—Some curious statistics are published by the *Débats* with regard to stammering in France. Of 2,086,826 conscripts examined in twenty years, from 1850 to 1869, there were 13,215 exemptions on account of this defect. There were about 700 per annum before the new recruiting law, and they have reached a thousand since the whole force has been subjected to examination. It is calculated that stammering affects 125 per 130,000 persons in France.

An institution has just been started at 26 Suffolk Street, Pall Mall, called the London Athenæum, as a central general reference library for professional men.

The Medical Act Amendment Bill.—In the House of Lords the Duke of Richmond said that in consequence of the amendments he found himself compelled to insert in this Bill he should not ask their lordships to go into Committee on the Bill that night, but to allow him to commit the Bill *pro forma*, that all his amendments might be reprinted, so as to enable their lordships to discuss them with greater convenience. When he introduced the Bill he gave a considerable period time between the second reading and going into Committee, in order that the Bill, affecting as it did the public and the medical profession in a great degree, they might have ample time to consider its provisions, and that he might have the advantage of ascertaining the opinions of those interested in the subject, which might enable him to put the Bill in as satisfactory a state as possible. That had been responded to. Various deputations had waited on him on the subject, and he had received numerous letters from medical men from all parts of the country, and also of the metropolis, in reference to the provisions of the measure. He stated when he introduced the Bill that the best mode of dealing with the subject would be by establishing a uniform minimum standard of examination. No doubt that would be the best mode of securing the best qualified persons to become medical practitioners, to be arrived at by a conjoint board of the three Kingdoms, but that instead of its being permissive it was proposed that it should be made a compulsory board, formed of all the medical corporations of the three countries, leaving it to the Universities to come into the arrangement if they thought fit to do so. The communications he had received since showed that it met with the general approval of the profession of the three countries, and he had reluctantly come to the conclusion that he must ask their Lordships to allow him to amend the Bill so as to make the conjoint board a compulsory one. He proposed to amend the Bill in that respect, and therefore he asked their Lordships to allow the Bill to pass through Committee *pro forma*, and to postpone any discussion until some day next week.

Sir James Coxe, M.D., Commissioner in Lunacy for Scotland, has just died, at the comparative early age of 67. Deceased received the honour of knighthood in 1873, and was a magistrate for Midlothian, his native county. Only in our last issue a pamphlet of his was noticed.

University College and Hospital have come in for a very fine windfall. It will be remembered that Sir Francis Goldsmid, who met his death by a railway accident, was Treasurer to this institution, to which he has left a bequest of £50,000.

DEATHS.

Allison.—On April 30, at Barrow-in-Furness, Lancashire, Joseph Allison, L.K.Q.C.P.I., aged 59.

Baldwin.—On May 1, at Woodville, co. Waterford, John P. Baldwin, L.K.Q.C.P.I., aged 27.

Bernard.—On May 6, at Clifton, J. Fogo Bernard, M.D., aged 71.

Byrne.—On April 18th, at Kilsallaghan, co. Dublin, William Charles Byrne, L.R.C.S.I., aged 68.

Clarke.—On April 20, at Upperlands, Maghera, Jackson N. Clarke, M.D., aged 63.

Collingwood.—On April 20, at Ganden Road, Clapham, William Percy Collingwood, M.R.C.S.E., aged 57.

Coxe.—On May 9th, at Folkestone, Sir James Coxe, M.D., a Commissioner in Lunacy for Scotland, aged 67.

Croft.—On April 30, at Old Charlton, Kent, Catherine Mary, widow of Charles I. Croft, F.R.C.S., aged 59.

Cunningham.—On April 24, at Hailsham, Sussex, James Mackay Cunningham, M.D., aged 75.

Curtler.—On April 6, at Droitwich, Henry Curtler, M.R.C.S.E., aged 41.

De Landre.—On April 26, at Waterford, Vernon Russell De Landre, L.R.C.P.Ed., aged 33.

Dewar.—On April 26, at Kirkcaldy, James Dewar, M.D.

Dudley.—On April 30, at Over Cheshire, Charles Dudley, L.S.A.L., aged 63.

Edmonds.—On April 5, at Ashby-de-la-Zouch, Spencer Edmonds, M.R.C.S.E., aged 45.

Elkington.—On May 16th, at Alcombe, Somersetshire, Francis Elkington, M.D., late of Birmingham, aged 77.

Fletcher.—On April 8, at Bury New Road, Broughton, Lancashire, Matthew Fletcher, M.R.C.S.E., aged 83.

Furnivall.—On April 29, at Boulogne-sur-Mer, John James Furnivall, M.D., M.R.C.P., aged 85.

Geoghegan.—On May 6, at Lucan Crescent, Elizabeth Geoghegan, widow of W. P. Geoghegan, M.D., aged 78.

Girling.—On April 4, at Eynsford, Norfolk, Christopher Andrews Girling, M.R.C.S.E., aged 78.

Humble.—On April 23, at St. Lawrence, Ramsgate, William Humble, M.D., aged 30.

Jackson.—On April 23, at Harley Street, Cavendish Square, Thomas Carr Jackson, F.R.C.S., aged 55.

Johnston.—On May 1, at Maguiresbridge, co. Fermanagh, Mary, wife of Dr. R. G. Johnston.

Leake.—On April 14, at Rathkeale House, Girdler's Road, Brookgreen, Jonas R. Leake, L.R.C.P.Ed., aged 34.

Leslie.—On May 5th, at Hampstead, William Alexander Leslie, M.R.C.S.E., Surgeon-Major, Madras Army, aged 58.

McCowan.—On May 7th, at Paisley, Robert Thomas McCowan, M.D.

Macpherson.—On April 7, at Moor Street, Birmingham, Robert Samuel Macpherson, L.K.Q.C.P.I., aged 39.

Macaw.—On April 9, at the Institution for the Insane, Coton Hill, near Stafford, Kennedy Macaw, M.D., aged 39.

Mackenzie.—On April 13, at Kelso, William Maclean Mackenzie, M.D., aged 59.

Martin.—On April 10, at Evesham, Anthony Martin, M.R.C.S.E., aged 64.

Mantell.—On April 29, at Faringdon, George Houston Mantell, M.R.C.S.E., aged 68.

Meadows.—On May 8th, at Victoria Street, Westminster, Henry Mello Mollerus Meadows, L.R.C.P.Ed., aged 70.

Nicholson.—On April 26, at Ryder Street, St. James's, London, Robert Nicholson, M.D., Surgeon Major Bombay Army, formerly of Banford, co. Down.

Pretty.—On April 23, at Quebec Lodge, Lower Norwood, Wm. Pretty, M.R.C.S.E., aged 86.

Robson.—On April 17, at Lonsdale Terrace, Edinburgh, Wm. Robson, M.D., aged 43.

Sandys.—May 15th, at Eversholt House, Bedford, Samuel Sandys, M.R.C.S., late of Kentish Town, London, aged 67.

Wilmot.—On April 30, at Tunbridge, John Branston Wilmot, M.D., F.R.C.P., aged 72.

THE DOCTOR.

LONDON, JULY 1, 1878.

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THE ANNUAL TRIP.

WHERE shall we go? This question is being debated by many families, and has its interest for doctors as well as other people. Then there is the question so constantly put by patients,—where ought I to go? It seems to be always taken for granted that a "change" is necessary alike to the healthy and the convalescent. Unquestionably much pleasure may result from change of scene and occupation. To this some of the delights of travelling may be traced. Such pleasure, too, is undoubtedly conducive to health as much as the follies and amusements of society which are, as if in bitter mockery, termed pleasures—always emphatically plural—tend to undermine the best of constitutions. It is no wonder that after "the season" peace and quiet should be required to restore both mind and body. Such change is needed as much by the fashionable victims of "pleasures" as by the hard-toiling man of business. To the convalescent, too, the country or the sea may prove more potent than medicine, and within due bounds, therefore, the popular notion of the need for change seems a true instinct. But it is often perversely followed and leads to mischief. Thoughtless victims of the season too often seek to prolong their gaieties at the place to which they resort under the pretence of recruiting. What can be more foolish than to seek in the period devoted to rest the same modes of killing time which have made repose essential for health!

Hard-working town doctors feel that they deserve a holiday as much as their patients, and accordingly they take their trip and escape for a time from the dreary round of examining fresh cases. To such, though they may put in an appearance at the annual congresses, those gatherings have little attraction. They seem in truth, too, almost a farce. But to the country doctor we can easily understand they possess no slight interest. They are essentially provincial, and the more they depart from their provincialism, the less will they please the dwellers in cities. Not a few of us systematically neglect them, and as soon as possible hide ourselves in country districts or rush to the mountains, where a moment's solemn silence can be enjoyed, or seek the sombre sea-side villages which have not yet become fashionable. Others, it is true, seem to like bustle and amusement so well as to seldom venture away from a crowd. They are content with London at the Sea-side, and think that a sojourn there is all they need.

It is evident that the annual question where to go is largely answered according to personal taste. No wonder, therefore, that the doctor's views seldom coincide with the patient's. Looked at in a wide and philosophical sense, it is very doubtful whether much regard should be paid to the particular locality. The first point is whether change is really desirable. If so, generally the more striking the change the better. Dwellers in lowlands should seek the mountains. Inhabitants of inland districts should go to the sea. A contrast should be sought, too, not only in the scenery, but in the surroundings. The complete change of life at a foreign Spa is of great value to an English invalid who has not previously left his own country, but to one who is satiated with a season at every bath in Europe there is neither pleasure nor profit to be gained by a visit to another new spring of fabulous virtues. So far as medicinal mineral waters go, it cannot be too frequently asserted that we are too apt to neglect the riches of our own country. If a sulphurous spa be needed there is Harrogate; if a chalybeate, Tunbridge Wells; if indifferent thermal springs are indicated, Bath and Buxton may put in their claims. We have, indeed, no alkaline spring to compare to Vichy, but we have numerous other resorts, and as for saline waters, where is there one to compare with the sea? The boasted spas of Europe are after all poor substitutes for Neptune's spring, and Englishmen will continue, in spite of everything, to enjoy their restorative "dip in the briny," and whenever there is no contra-indication it is to be hoped that doctors will remember that this is more potent than most of the much-lauded baths of other countries. Slender purses, then, may furnish as beneficial a change as can be procured by larger outlay and greater fatigue. When the sea is not suitable the idea of the mountains should be entertained. Switzerland is the playground of Europe, has wondrous attractions, and the trip is not very costly. Those who cannot go may content themselves with Wales or Scotland. Where neither mountains nor sea are desired, all England, so to say, lies before us for choice, and there is scarcely a town, village, or hamlet which may not be made the scene of delight and returning health. Numerous are the difficulties that will be conjured up by many. They will picture themselves as buried alive or deprived of the prime necessaries of life. Let them try. Those who are worn out with work or illness or gaiety will derive fresh vigour and real pleasure from the seclusion, repose, fresh air, and simple life which keeps many a villager in physical health and full intellectual life. The country has ever been the inspirer of the poet, and even the man whose mind is engrossed with science there meets Nature face to face, and the meeting is not only a temporary pleasure, but produces at least an abiding content—often an ever-present longing for a renewal of that intercourse which makes men nobler and better. In choosing the simple, inexpensive, humble village life of Old England, we may often attain all we need for health, and the greater the change to the dweller in great cities, the more beneficial it is likely to be. Moreover, if certain luxuries thought essential be missed at first, it will soon be found how needless they are, and to all who fear the sanitary arrangements let us add there is as little risk in the average village as in the frequented fashionable resort.

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THE METRIC SYSTEM.

WE have received during the past month a copy of an order for the adoption of the metric system by the U.S. Marine Hospitals Service. The Surgeon-General of this department, Dr. John M. Woodworth, states that the system has already been partially in use. To make it easier to extend the method, a *brochure* is issued, containing all the information that will be required, and a very full posological table, in which approximate equivalents are given. For convenience the gramme is taken to be equivalent to 15 grains, and the cubic centimetre to 15 minims, the fraction—amounting in one case to 2·9 per cent., and in the other to 8·2 per cent.—being ignored as unimportant in ordinary cases.

It is further suggested that convenient "round numbers" might be found in 500 grammes (= 17½ oz.) instead of the avoirdupois pound; 30 grammes (or about 20 grains less) instead of one ounce; 500 cubic centimetres (or about 17 fluid ounces) for 16 fluid ounces (the U.S. P. pint); and 30 cubic centimetres for one fluid ounce. To prevent mistakes it is recommended that in prescribing by gramme the quantity should be indicated by prefixing the common Arabic numeral, and that if abbreviated the underscored form Gm. should be used. Thus while ten grains is written "gr. x," using the Roman numerals, ten grammes would be represented by "10 Gm." When it is desired to use the word centigramme it is recommended to write it in full, but it is obvious that the more simple way would be to represent 10 centigrammes by "0·10 gramme," and we should advise our readers who begin to use the metric system to write *gramme* in full.

The following are the rules for reducing apothecaries' weights to their approximate equivalents in the metric system :—

1. To express quantities by weight of the apothecaries' system in metric terms, or to write medical prescriptions in metric weights :

Rule A.—Reduce each quantity to grains; then divide the number by 10 (or move the decimal point one place to the left), and from the quotient subtract one-third. The remainder is in each case the number of grammes representing (nearly) the same quantity. Or,

Rule B.—Reduce each quantity to drachms and multiply the number by 4. The product is in each case the number of grammes representing (nearly) the same quantity. Or,

Rule C.—Reduce each quantity to ounces, and multiply the number by 32. The product is in each case the number of grammes representing (nearly) the same quantity.

2. To express quantities by measure of the apothecaries' system in metric terms, or to write medical prescriptions in metric cubic measures :

Rule D.—Reduce each quantity to minims; then divide the number by 10 (or move the decimal point one place to the left), and from the quotient subtract one-third. The remainder is in each case the number of cubic centimetres representing (nearly) the same quantity. Or,

Rule E.—Reduce each quantity to fluid drachms, and multiply the number by 4. The product is in each case the number of cubic centimetres representing (nearly) the same quantity. Or,

Rule F.—Reduce each quantity to fluid ounces, and multiply the number by 32. The product is in each case the number of cubic centimetres representing (nearly) the same quantity.

Tables are given of approximate equivalents of apothecaries' weights and measures in metric terms, running from one sixty-fourth of a grain and one sixty-fourth of a minim to sixteen ounces and sixteen fluid ounces respectively, and the posological tables furnish ready answers for questions as to the doses of all official drugs by either method.

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CHRONICLE.

DUBOISINE.

THIS alkaloid, obtained from *Duboisia mysporoides*, has been examined carefully by M. Gubler, who finds it equal to atropine as a mydriatic, and possessed of much greater power over the muscular system. Half a milligramme injected subcutaneously produces dryness of the throat and disturbance of vision. One milligramme produces in addition thirst, quick pulse, dilatation of pupils, red rash on the body, and muscular weakness, so that the patient cannot use his lower limbs. One milligramme often seems too much—it has induced collapse. This dose has calmed a maniac on whom morphia and chloral had no effect. Sometimes it produces a complete torpor. As a collyrium, duboisine acts as atropine. Also they resemble each other in arresting the colliquative sweats of phthisis. Evidently the new remedy has a future.

A NEW NERVE.

IN a communication to the French Academy, Cyon claims that the eighth pair of cerebral nerves contains two nerves of entirely distinct senses—the auditory, and the nerve of space (*raumnerf*). He considers the latter the source of all our ideas of extension, and of the three dimensions of space.

CHLOROFORM NARCOSIS.

WACHSMUTH, of Berlin, asserts that much of the danger from the administration of chloroform may be averted by adding to it 20 per cent. of oil of turpentine, which, he says, stimulates the lungs, and thus protects them against the great enemy of chloroform narcosis — pulmonary paralysis. The hypothesis is not such as to lead to anyone to practically apply it, and we may hope no rash experiments will follow the announcement.

MEDICAL EXPERT TESTIMONY.

AN article upon this subject appears in the *Medical and Surgical Reporter*, April 20, 1878, from the pen of John J. Reece, M.D., Professor of Medical Jurisprudence and Toxicology in the University of Pensylvania, &c., which may be compared with some of the late statements about experts in this country.

It deals at length with the questions: 1st. The qualifications of those who may claim to be considered *experts;* 2nd. The justice or injustice of calling upon experts to give their opinions in any given case, without special and adequate remuneration. With regard to the first of these two questions, Dr. Reece says that no one should be called upon to express an opinion as an expert, or to put himself forward as one, unless his whole life's study has been specially directed to that particular branch of knowledge within the scope of which the point at issue falls, and in connection with which the witness's eminence has been very generally admitted. The author emphasises the fact that neglect of this rule on the part of medical men themselves has often led to able men being placed in a very false position, and to medical evidence in general being brought into great discredit, but he does not say how long a life experts must have lived.

He very properly insists that "expert" evidence should be given in a spirit of strict neutrality; that it should be based upon a calm and unbiassed consideration of all the known *facts* of the case in question, and upon that alone.

With regard to the second question, he argues—and argues, we believe, very justly—that "expert testimony" is the private property of the witness, and that it is most unjust to expect such evidence to be given without special and adequate remuneration; that the evidence is not one of facts necessary to the ends of justice, which the witness as a good citizen of the State is bound to supply, but of *opinions*, of skilled knowledge, the result of special study and experience, which special knowledge is the private property of the witness by which he lives, and to which neither private individuals nor the State have any right, unless proper remuneration has been made.

ACCIDENTAL POISONING OF A CHILD BY STRYCHNINE.

AN inquest was held a few days ago before Dr. Mitchinson, at West Barkwith, Lincolnshire, on the body of a male child, aged two years. It appears that the mother of the child while clearing out a cupboard placed a few partly empty medicine bottles on the table, and when her back was turned the child drank some of the contents of one of them, which was supposed to contain a solution of quinine. About a quarter of an hour afterwards deceased suddenly became convulsed, and screamed violently, as if in pain. Its hands became clenched, and body very hard and stiff. With the aid of a neighbour the mother put the child into a warm bath and gave it an emetic, and sent for Dr. Armstrong, of West Barkwith. On his arrival he found the child suffering from the symptoms of poisoning from strychnine. He applied the usual remedies, but death rapidly ensued. Dr. Harrison took possession of the bottle from which the child was supposed to have taken the poison, and telegraphed to the London chemists who had prepared the medicine for Mrs. Thompson, who in reply informed him that it was a solution of strychnine which had been furnished to a lady some six or seven years ago.

There is nothing very remarkable about the case with the exception of the fact that the bottle, although coming from a first-class London chemist, did not have a poison label on it. This was a most dangerous and culpable piece of neglect on the part of the chemist, considering the bottle contained one of the most powerful poisons known. Moreover, poisoning by strychnine at so early an age is comparatively rare. In this case it was supposed that the child took about half a grain of the poison, and he lived only an hour and a half after taking it.

TEMPERANCE COFFEE TAVERNS AND "TEMPERANCE STALLS."

AT the annual meeting of the East-end Juvenile Mission, known as Dr. Barnardo's Homes, held last Wednesday at Exeter Hall, the Lord Chancellor, who presided on the occasion, remarked that "Dr. Barnardo was the first to institute the system of temperance coffee-houses. He was able in the East-end to secure a magnificent gin palace and a large shop. They were fitted up in an extremely attractive way, and there the working-man escaped the ruinous temptation to drink which had been the curse of the metropolis. One of those coffee palaces during the year had realised a sum of £2,300, its expenses amounting to £2,000. In the mission rooms there were evangelistic addresses, and he had himself seen one of these rooms crowded from end to end with most anxious and inquiring auditors to hear a plain, simple address, which had nothing in it to attract except the truth and simplicity of the Gospel. It had been determined to add a medical mission, through the exertions of which there would be a power of carrying the message of the Gospel to people whom they could not otherwise approach."

COLD SPONGING IN TUBERCULOSIS.

DR. POCAGNIK, of Vienna, according to *Memorabilien*, 3 Heft, 1878, is a warm advocate for cold sponging in phthisis. He prefers sponging to the cold douche, recommended by Brehmer, on account of the violent shock to the nervous system which the douche inevitably produces. Neither hæmoptysis nor great weakness is a counter-indication to the use of the cold sponge-bath. Dr. Pocagnik's method of using the bath is as follows:—On waking in the morning the patient rises, stands on a soft warm rug, and sponges himself quickly from head to foot with water at from 77° to 55° F., according to the temperature of the air. Roughly speaking, he may use either fresh running water, or water that has stood in the room over night, according to the season of the year. He then rubs himself as thoroughly as possible with a rough flesh-glove, and finally dries himself by wrapping the body in a linen sheet. The entire process should not occupy more than five minutes. He then returns to bed, covers himself up well, but not sufficiently to cause perspiration, and remains quiet for half-an-hour or an hour longer.

BICHROMATE OF POTASH IN SYPHILIS.

IN the *Anales de Ciencias Medicas*, a very able Spanish review, Dr. Carlos Vincente Charpantier gives a series of cases illustrating the use of bichromate of potash in secondary and tertiary lesions. The dose is one-fourth of a grain doubled every three or four days to two or three grains. During the treatment all alkaline substances are prohibited, as liable to neutralise the chromic acid, which is the active agent. Dr. Charpantier, from experiments on himself, finds the bichromate to lower both pulse and temperature in a marked degree.

ALIMENTATION IN SURGICAL ACCIDENTS AND DISEASES.

FROM an interesting paper by Frank Hamilton (*Hospital Gazette*, January 15, 1878), which provoked a lively discussion in the New York Academy of Medicine, we deduce the following conclusions of the author upon this subject:—

1. Chronic or low and persistent forms of inflammation are most apt to occur idiopathically, and as a consequence of traumatic lesions, in persons who are imperfectly nourished, and they are followed by the most serious results, such as ulcerations, caries, necrosis, &c.

2. Chronic inflammations are seldom permanently overcome, until by proper nutrition the general system is brought up to the standard of health. Not until all the various functions of the body are performed with vigour and fidelity—a condition which implies perfect nutrition.

3. Acute inflammations are most apt to occur idiopathically, or as the result of traumatic lesions, in persons who are imperfectly nourished, and are followed by the most serious results, such as suppuration, pyæmia, erysipelas, &c.

This statement is not inconsistent with the fact that people grossly fed and intemperate in the use of stimulating liquors, are notoriously liable to rapid and destructive inflammation as a consequence of traumatic injuries.

4. It seems a necessary corollary from the third proposition, that in order to the prevention of acute inflammations after traumatic injuries, and in order to cure inflammation after it has commenced, and in order to

prevent its accidents or dangerous sequelæ, it is well, if not absolutely necessary, to nourish the patient through each of these several periods.

5. Food is not, of necessity, aliment. It ought to be appetising and digestible.

6. The stomach is not always in a condition to digest and assimilate food; but this condition is exceptional. Such cases demand rest or medication.

7. Anæsthetics, morphine, and narcotics, generally impair digestion, and this fact should always be taken into consideration when their exhibition becomes necessary.

8. There is a popular inclination to the excessive use of medicines of all kinds in the class of diseases under consideration, as well as in all other diseases, which often interferes with the success of our operations, and prevents recovery from accidents.

9. Nutrition is always safe and proper.

10. We need more good food for our patients—especially in public hospitals—more diet kitchens and fewer drug stores everywhere.

TREATMENT OF CHRONIC PHARYNGITIS.

PROF. PIPPINGSKÖLD, of Helsingfors, writes to the *Finskà läkàresellsk. handl.*, xix, that in all cases of chronic pharyngitis he has now abandoned all other treatment and relies solely upon gargles of water. These are to be employed morning and evening, the temperature of the water being 15°-20° C. (60°-68° Fahr.), and be continued for several months, in some cases an entire year. About two ordinary glasses will suffice at each time. Water at this temperature will cause an abatement of the hyperæmia, and will give tonicity to the weakened vessels of the soft palate and fauces. Ice-cold water would at first have the same effect, but the violent reaction, with increased hyperæmia, would be liable to do more injury than good. Even in true granular pharyngitis, this treatment alone has often sufficed to cure.—*Allgemeine Medicinische Central-Zeit.*, No. 32, 1878, and *Clinic*, June 1.

WOUND OF SPLEEN WITH PARTIAL EXCISION.—RECOVERY.

DR. A. A. FARIS, in *American Practitioner*, May, 1878, reports the following case:—

The patient, æt. 36 years, was a man of strong frame, but somewhat debilitated by malarial fevers and their sequelæ, having also a much enlarged spleen. Whilst engaged in a fray that occurred on the 1st of February, 1874, he was cut with a knife, the blade of which was four inches long and three-fourths of an inch broad. I saw him soon after the injury, and found him suffering with two penetrating wounds of the chest—one entering the lung through the third intercostal space just above the nipple, and the other through the second space near the sternum; also two wounds of the left arm—one through the upper third of the upper arm, the other through the ulno-radial space in the middle of the lower arm. There was also an incised wound, commencing one inch above the ant. sup. spinous process of the left ilium, extending upward and backward three inches, through which protruded a portion of the spleen, with a piece three inches long and one inch wide—in the centre—cut from its lower border, and hanging by a slender pedicle. Hæmorrhage had been arrested until my arrival by forced flexion of the thigh, not until much blood had been lost, however.

I cut off the partially detached portion of the spleen, pressed the edges of the womb firmly together, and carefully pushed the spleen inward until the cut surface was level with the integument; then, with a large curved needle, sewed the spleen and walls of the abdomen together, compressing them tightly with quill sutures, afterwards approximating as near as I could the edges of the integument over the cut surface of the spleen with a small silk suture. I gave eight grains of quinia, one grain of opium, and half a grain of morphia; ordered water dressings, with carbolic, three grains to the pint.

Afterward by the free use of opiates and Norwood's tincture of veratrum viride succeeded in keeping him quiet.

On the eighth day the spleen was torn loose from its unnatural moorings by an attempt on the part of the patient to turn on his right side. He cried out, "Oh, I am dying; something has broken loose *inside* of me." I was dispatched for immediately, and went expecting him to bleed to death before my arrival; but to my astonishment found him quiet, with no evidence of hæmorrhage; spleen movable, but very tender to the touch. The wounds healed kindly, the spleen went rapidly down almost to its normal size, and the patient left the country. I heard nothing more of him until a few days since he returned, apparently in fine health, and says his spleen has not troubled him in any way since.

PILOCARPIA.

AT the Therapeutical Society of New York, Dr. A. Jacobi lately read a paper on this alkaloid, based on over sixty cases. The dose was one-third of a grain, given hypodermically—a solution in water, one to fifty, being used—in the desquamative nephritis of scarlatina, in the parenchymatous nephritis of diphtheria, and in acute and chronic nephritis generally. A complete diaphoretic effect is, with rare exceptions, obtained with more regularity by this, than by any other diaphoretic, even the hot pack. Sufficient doses appear to affect all the integuments, both those covered with cylindrical and pavement epithelium. Rosenkranz and Froumüller gave one grain, and this quantity may be required in pleural, peritoneal, and pericardial effusions, perhaps in œdema glottidis; but, as collapse has been observed, large doses should be given carefully. One of the principal effects of the drug is the lowering of arterial pressure, as demonstrated by the experiments of Kahler and Loyha. These observers consider the drug contra-indicated in valvular disease of the heart, especially where no compensation has taken place; but these theoretical conclusions will have to be re-examined.

INOCULABILITY OF MALIGNANT GROWTHS.

DR. NOVINSKI states, in an Inaugural Dissertation delivered at St. Petersburgh, 1877, as the result of many experiments on dogs and horses: that 1. There is no doubt as to the possibility of inoculating medullary carcinoma and myxo-sarcoma. It is accomplished by means of the smallest possible incision in the skin (5^{mm} long), and the insertion of fresh portions of the tumour. 2. The piece to be inserted should not exceed two or three millimetres in circumference. 3. The elements of carcinomatous tumours act probably as infecting agents when thus placed in the healthy tissues. 4. The conditions essential to the success of the experiment are the selection of animals of the same species, and tissues of the same sort as those in which the growths exist. 5. Fatty degeneration is more active in the inoculated growths than in the "mother-tumours." 6. In all successful inoculations the wound healed by first intention, but suppuration ensued on the degeneration of the inoculated portion.

CHRONIC CATARRH OF THE STOMACH.

DR. NEFTEL has a very able article on this subject in the *New York Medical Record*, in which he maintains that the local effects of chronic gastric catarrh are:—

1. Fermentation in the stomach (butyric acid), with evolution of gases (inflammable) and formation of fatty acids (butyric, lactic, acetic).

2. Dilatation of the stomach (gastrectasia) and impairment of its peristaltic movements.

3. Stagnation of the food in the stomach and atonic condition of the bowels.

4. Gastralgic pains and vomiting.

The general effects of the gastric catarrh are emaciation and general anæmia from the defective nutrition of the system, especially anæmia of the brain, causing vertigo and other cerebral symptoms.

The diet of those affected with chronic gastric catarrh, though simple and easily digestible, must not be too uniform, and pure water can be used *ad libitum*.

The principal indications in treating chronic gastric catarrh Dr. Neftel says are :—

1. To arrest the fermentation (by antifermentatives—chlorine, thymol, salicylic acid, hydrochloric acid, &c.)
2. To treat the gastrectasia and the atonic condition of the bowels with induced currents.
3. To excite the secretion of a healthy gastric juice by the use of alkaline waters, small doses of rhubarb, bitter remedies, &c.
4. To improve the digestive properties of the gastric juice by the administration of hydrochloric acid, not only in dyspeptics, but also in anæmic persons generally, and in those affected with fevers, and in convalescents.

He points out that it is of the utmost importance to diagnosticate early the gastralgic pains (*crises gastriques*), which sometimes accompany, or even precede, the development of locomotor ataxia and other diseases of the spinal cord. On the early diagnosis depends the possibility of preventing or curing these organic affections of the spinal cord.

STOMATITIS MATERNA.

Dr. E. P. Hurd remarks, in the *New York Medical Record*, that this affection is seen in patients who seem to be well in other respects ; is generally an index of lowered vitality ; sometimes an inflammation, the result of local nutritive disturbances of reflex origin, the irritation being mammary. In the ptyalism of pregnancy we see an instance of the same etiological kind. Stomatitis materna takes the form of acute or chronic oral catarrh, also aphthous and ulcerative stomatitis. It is sometimes very obstinate and intractable. Weaning the child always brings about a speedy cure. It is, however, generally amenable to treatment of a simple nature. Nursing sore-mouth will often yield to astringent gargles, or mouth-washes. Chlorate of potash is good in this affection, as in all other oral affections of an inflammatory and ulcerative nature. The sulphites, especially the sulphite of sodium, the sulpho-carbolate of sodium, are recommended. He has also used bin-iodide of mercury, but it often affects the baby injuriously. The dose of the bin-iodide is about one-thirtieth of a grain :—

℞. Hydrarg. bin-iod . . . . gr. v.
Pot. iod. . . . . gr. x.
Aquæ . . . . ℥j.
M.

Take three to five drops, ter die, after meals. For a mouth-wash add six drops to a tablespoonful of water.

URETHRAL FEVER.

Prof. Thomas R. Brown, M.D., of Baltimore, Md. (*New York Medical Journal*, February, 1878), says the prefix "urethral" indicates that this peculiar form of pyrexia follows treatment—usually surgical—of the urethra. The treatment may be the mildest catheterism or the gravest treatment for the cure of stricture or the removal of stone. No condition of health or temperament can be said to predispose to this fever, neither do they exempt from it.

The definition must be limited if we would have an intelligent view of the subject. We must reject all those morbid conditions which have no claim except mere coincidence, as, for example, those extravasations of urine that result from false passage, for it has been abundantly proved by Menzil and Simon Van Buren, and others, that limpid healthy urine absorbed into the blood is comparitively harmless. Urethral fever belongs to the class of purely reflex disorders.

The condition which is called irritation, either active or passive, is the force which produces this action. If this same irritation, with its reflex action, can cause such disorders as lachrymation, pain, spasm, ulceration, cataract, paralysis, loss of vision, &c., surely it can explain and cause the attacks of urethral fever without invoking other aid.

Prof. Brown makes his varieties of this fever number three :—

1st. The most common variety is a fever with a temperature not exceeding 101° Fahr., preceded by a chill either mild or pronounced, succeeded by nausea or vomiting, by sweating sometimes profuse, and anorexia, with malaise. In many cases the expression of weariness during the attack is striking. This form makes its appearance, usually, almost immediately after operation, and will have left no trace by next day, provided the patient's urethra has not been handled meantime.

2nd. In his second variety the difference lies not only in the increased severity of the symptoms, but in the addition ot icterus, of certain mental disorders, which may amount to delirium, and in the delay of the arrival of the attack, the icterus and certain mental troubles are necessary to this class.

3rd. The last variety of this disease includes all those cases in which the reflex action is more marked, and, in addition, come the symptoms of suppression of the urine, with signs of uræmic intoxication, together with a lower range of the thermometer. The duration of the attack is short—as a rule—terminating either in death or recovery very soon. Death has been known to take place in the course of a few hours, and recovery, if it takes place will be decided in a few days. Like the other two varieties, a seizure of this variety may follow the mildest or severest measures alike.

NERVE STRETCHING IN TRAUMATIC TETANUS.

A case of considerable importance, the value of which will be best appreciated by surgeons residing in the tropics, where (as the writer knows from personal experience) *traumatic* tetanus is looked upon as almost if not quite invariably fatal—is published by Vogt, in the *Gazette Méd. de Strasbourg and Presse Médicale Belge*, in which the hand of a mason was injured. Vogt laid bare the roots of the brachial plexus, passed his finger under them, and dragged energetically on the two extremities. The patient could not open his mouth before being chloroformed, but could put out his tongue after the operation. He might be considered cured on the tenth day thereafter.

FUSCHINE IN ALBUMINURIA.

Bouchut, following up observations published in the *Gazette Hebdomadaire*, June 23, 1876, and the *Gazette des Hôpitaux*, May 1, 1877, quotes (*L'Abeille Médicale*) a case successfully treated by this means—that of a child of 6 years, with albuminuria and anasarca following scarlatina. The dose given was from 5 to 10 centigrammes twice a day. The albumen disappeared in eleven days, and the anasarca in fourteen. Milk diet was given. This and the cases formerly published, show that in such doses *pure* fuschine (containing no arsenic, or only 1 in 150) is harmless, as no effects were observed from it. The phosphates increased in the urine under its use.

(The writer of these notes has used fuschine in a case of chronic Bright's disease, and can confirm Bouchut's observations as to its influence in reducing and removing albumen, especially when combined with a milk diet, the increase in the phosphates, and its perfect innocuity in doses of 2 grains twice a day, no symptoms being produced by it. The patient thought that it increased her appetite. The case is still under observation).

TREATMENT OF FIBRO-MYXOMATOUS TUMOURS OF THE UTERUS, AND METRORRHAGIA, BY SUBCUTANEOUS INJECTION OF ERGOTINE.

PAUL (*Courrier Médical and Presse Médicale Belge*) quotes Hildebrant to show that about twenty injections of ergotine in the umbilical region, in doses of 20 centigrammes (3 grs.) will remove such tumours of medium size; Moutard Martin, Guéneau de Mussy and others, as to the value in stopping abundant metrorrhagia (in doses of 6 to 24 centigrammes), and mentions that in fourteen cases of cancer, so treated by himself, the bleeding was always stopped within six minutes. He points out the enormous difference of the doses required when the drug is given by the mouth, and that it acts much more slowly in that way.

GLYCERINE IN PHTHISIS.

BLACHER (*Le Courrier Médical*) points out the great value of glycerine combined with tonics, iron, arsenic, &c., in phthisis. He gives 15 to 30 grammes (half an ounce to an ounce) daily.

SALICYLATE OF SODA.

VAN UYVE (*Abeille Médicale*) mentions that the extract of liquorice is the best excipient to cover the taste of this drug.

SULPHATE OF MANGANESE.

DR. R. H. GOOLDEN, of Sussex Gardens, calls attention in the *Lancet* to the value of this drug, which he has used for 30 years. It seems to be a true cholagogue—succeeds in hepatic cases after calomel and podophyllin have been used, and is more certain than either; in half an hour a full dose produces nausea—perhaps vomiting followed by purging. But the nausea is mostly transient, and does not follow the second or third dose. Small doses of sulphate of magnesia combined with it assists the purgative action, and relieves or entirely prevents the nausea. Dr. Goolden has found the combination with Epsom salts opened the bowels, lessened the vomiting, and was useful in hypochondriasis and hepatic dropsy. Half a drachm is the utmost limit, and, saving in cases of urgency, by no means desirable. From ten grains to a scruple will produce large bilious evacuations. Ten grains will rarely be attended with nausea, and is sufficient for ordinary purposes. He has known it often to relieve hæmorrhoids, and those congestions of the fauces and bronchia so common in our daily practice; in fact, wherever we can trace these congestions to a defect in the portal circulation, the manganese is a good substitute for calomel, as it produces no more irritation to the intestinal or anal glands than is caused by a flow of bile, and it is attended with neither griping nor depression. Five-grain doses may be repeated as an alterative instead of blue pill or grey powder, and it is remarkable that many anæmic patients who cannot take any of the preparations of iron, can do so if combined with a few grains, say from two to five, of sulphate of manganese. He finds the best way to administer it is to dissolve ten grains in a tumbler of water, and then add some citrate of magnesia or potassa to the solution, and drink in a state of effervescence. The taste is not unlike that of Epsom salts, but not quite so bitter, and is scarcely perceptible when taken in a tumbler of effervescing mixture. There is a slight objection in adding it to a mixture, as the property of easily absorbing or parting with oxygen will cause it to change colour if kept in solution for many hours, and the patient is apt to think that the chemist does not always send the same mixture. This is the more remarkable if sugar or syrup be added to the mixture. In hospital practice this is of little consequence. "Another drawback to its use is that, not being in our Pharmacopæia, the druggist is apt to think that 'manganesiæ sulp.' is intended for Epsom salts and, being so seldom used, it is very rarely kept in stock except by the principal druggists. I have been frequently much disappointed by observing the absence of any results in private practice, and that magnesia has been substituted for manganese; but when the mistake is discovered and rectified, the proper results are produced. I therefore usually, in prescribing it, *mark* the manganese, and add 'magnesiæ sulp.' to call the attention of the dispenser to the difference. I believe this to be one cause why it is not more generally used. I have myself shown its use, both in clinical lectures and hospital practice, for over thirty-five years, at both the old *Dreadnought* and St. Thomas's Hospitals."

We would add that in future, Dr. Goolden should write manganes*ii* sulph. in his prescriptions. The word *manganesium* is the pharmacopœial latin for manganese, and the sulphate would be properly expressed without coining another word to correspond with magnesia, potassa, and soda. The oxide of manganese is not properly expressed by mangane*sia*, any more than of iron is by ferr*a* or copper by cupr*a*. The slight distinction of the correct ending in *ii* should not therefore be thrown away.

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TOPICS OF THE TIME.

CHOLECYSTOTOMY, THE LAYING OPEN OF THE GALL-BLADDER.

REFLECTIONS AFTER READING MARION SIMS' PAPER.

[THE full account of the case on which these reflections are founded, together with observations on the questions involved, from the pen of Dr. Marion Sims, will be found in the *British Medical Journal*, June 8th, 1878. The reflections which follow are from the pen of one of the most distinguished London authorities.—EDS.]

Suppose the patient had *recovered*, as it is called, after the operation, would she not have died within a few months or a year or two from the pre-existing liver disease?

As to the analogy of removal of ovarian disease, the ovary is removed with the tumour, and can be spared without detriment towards the close of child-bearing period. Moreover, women have become pregnant after ovariotomy, a sound ovary having been left.

Looking to the prolonged etherisation (nearly two hours) and the nature of the operation, might not the impacted gall-stones have been discovered by more perfect palpation when the hands of Sims and others passed into the abdomen, and might they not in a similar case be pressed out of the gall-bladder from within, and be helped out with a scoop? The scoop or scalpel would remove the encysted structure.

Despite the security afforded by Listerism, would not opening of the gall-bladder by caustic potash have been preferable?

Bearing in mind the position of the gall-bladder and the impediment which gravity opposes to emptying of contents when the natural expulsive muscular power of the gall-bladder and ducts is lost by disease, what would be the effect *after* and *before* making a surgical road by knife or caustic into the gall-bladder, of keeping the patient as much as possible, or continuously in the prone position, say on a couch capable of being elevated at the feet and at the left (proper) side of the trunk?

Lastly, when the dyscrasia has set in which is indicated by liability to hæmorrhage from the bowels, not hæmorrhoidal, especially by bleeding gums and mahogany tint of skin, does not experience of liver disease show that disease has reached a point fatal to recovery?

We opine that Marion Sims, having carried out an operation which others have not ventured to undertake, falls somewhat into the too hopeful vein, as to the probable benefit of earlier operation in such cases.

This has often led to unwarrantable operative interference and premature death in many regions of the body, in which without operation, time and suitable physiological and therapeutic aid might have prolonged life many years without suffering.

With regard to the painful symptom of general itching of the surface, our experience leads us to assert that it is *in our latitude* a common accompaniment of jaundice, as it is of opium saturation of the system, and in certain mild stomach and skin disorders, the prominent symptoms of which are heartburn, right shoulder pain, and nettle rash. Possibly the itching after opium and during nettle rash may be due to temporary disturbance in the flow of bile from the liver and gall-bladder. The facts hitherto adduced are insufficient to justify the opinion that the itching in jaundice depends upon impaction of gall-stones, and that when other urgent symptoms prevail opening of the gall-bladder for their evacuation is the assured remedy. The relief obtained in Marion Sims' case was clearly due to the temporary relief, not only of the largely distended gall-bladder, but also of the liver itself.

The case, notwithstanding our remarks, is an important contribution to the therapeutics of liver disease. We commend for imitation the full and candid statement of the operation, and cannot forbear asking how would progress in our art be made but for the skill and enterprise of innovators? We desire only to restrain too hasty resort to operations which are not without danger, despite the proved value of Listerism, and to discountenance the rush of the incompetent in diagnosis and prognosis, in search after the opportunity of trying new operations. We should like to see Spencer Wells' example always imitated, that of publishing unsuccessful results equally with favourable ones.

Indeed, our weeklies would be well occupied in recording unsuccessful methods of treatment as readily as they are furnished with successful cases. It is doubtless not their fault that it has not hitherto been done.

BURNS AND SCALDS.

THE ALKALINE TREATMENT—ITS HISTORY.

In several American papers we find accounts of the alkaline treatment to which we lately drew attention. In the *Louisville Medical News* is an account of the history of it, by Geo. F. Waters, who seems to have originated the plan. He relates that in 1837 he saw a little sister, too young to talk, scalded with a solution of bicarbonate of potassa. A half-pint of the solution flowed over her neck and chest. The water had just been poured from the kettle in an active state of ebullition, and before the kettle could be set down the little girl had done the work. To tear off her clothing was but the work of a moment, and the scalded surface was then covered for a short time with a cool calico apron. In two minutes she stopped crying, and, looking into her mother's eyes, began to laugh. Her mother thought it hysterical, and expected to see her soon go into convulsions. She made all haste to dress the surface with sweet oil and laudanum, with cotton batting all over, but the surface blistered before she could finish dressing it, the vesicles being quite small and near together. The next morning all signs of a burn were gone, except little white patches of desquamation where the bullæ had been. There seemed to be no soreness, and there was no after trouble. Another story is told of an old horse, wounded in the side, and turned out to take his chance of cure without care. A potash-factory was by the side of the pasture, and the horse would frequently go to the heap of leached ashes and nibble them. One of the workmen, disgusted at the sight of the gaping wound all alive with the larvæ of flies, dashed a ladle of hot lye into the wound, starting the horse, and destroying the parasites; and the horse was in a few days cured of his wound and taste for leached ashes.

The next case was in 1860. His oldest daughter, then in her fourth year, was accidentally crowded against a hot stove, by which her arm was burned from wrist to elbow, the embossing of the stove burning in deeply. Soap-suds was first applied to the arm, and gave relief, and, as soon as it could be prepared, the "linimentum ex aqua calcis" was used to dress it with. The emulsion was made with olive oil. It was quite bland and soothing. (The odour is not quite so bearable as that of the carron oil, linseed oil, and lime water.) She made no complaint, and had quite a quick recovery.

The next case was in 1865, and is thus related. "I had opened a large three-case Robert's vulcaniser hastily, the thermometer, when I began, indicating temperature of 320° Fahr. Violent ebullition soon cooled down the water to 212° Fahr., but the upper part of the vulcaniser was very much above that temperature. Wishing to cool down my case as soon as possible, I grasped the flange of the vulcaniser on either side with my hands—using woollen pads in so doing; but, as I started for the sink to empty out the hot water, my left hand slipped its hold, and that part of the vulcaniser dropping brought my right hand into the scalding steam. That the cool air might keep the steam away from it, I at once lifted the vulcaniser and at the same tried to recover the lost hold of the left hand. I succeeded, but in doing so I got about five decilitres of water, in a violent state of ebullition, on my wrist and into my sleeve. My training in the medical laboratory had taught me to keep cool in accidents, but though I kept my muscles under control, I could not keep my arm cool; so, whilst my assistant stood aghast, I sat down the vulcaniser, took off my coat, unbuttoned my sleeve, and lifted it up from the arm, which was as red as a boiled lobster. Behind me, and within reach, was a case of drawers, one of which contained a good supply of bicarbonate of soda. As soon as I felt the hot water upon my arm the whole case of my sister's scald came vividly to my mind, and the thought with it that it was the bicarbonate of potassa which saved her. I had no bicarbonate of potassa at hand, but I had soda bicarb., and, without a second's hesitation I thrust my right hand into the cool soda, and felt a relief there; withdrawing it with a handful of soda, I lightly rubbed with it the right arm and wrist wherever it burned. I then buttoned my sleeve again, although it was still wet and warm, and took up the vulcaniser and went on with my work; the whole detention was less than two minutes. When my assistant found his mouth he said, You'll be laid up three weeks with that. But it did not give me a moment's uneasiness thereafter.

"The next case was in 1875, when I burned the inside of my left hand with a metallic die, the temperature of which was very much above boiling water. The skin was scorched and contracted. I was standing near my sink, and at once took up a cake of biborate of soda soap, dipped it in water, and applied it to my hand. It gave me relief in less than a minute, and the relief was permanent."

He thinks position of great importance, so as to relieve the parts from pressure, and, with regard to an unsuccessful case lately mentioned in THE DOCTOR, where the hand was treated by "placing it in a solution for nearly ten minutes," says, "Now, the position of the limb in this case was such that not only could no relief come, but even the blood-vessels would be dilated so as to make a pressure that would not quickly be relieved upon the limb being properly posed, but, brought to a proper position for relief by gravitation, and having the contracting power of cold applied, it would have ceased to give pain in less than ten minutes, and I do not see why ten seconds would not have sufficed."

His treatment is to apply to the burned surface bicarbonate of soda in fine powder if it is a wet surface; but if it is a dry burn, use a paste of bicarbonate of soda in water, or a strong solution of the bicarbonate of soda in water, and apply to the burned surface. This relieves sunburns as well as burns from hot coals, melted sulphur, hot iron, steam, &c.

It is proper to dispose the burned surface so that the blood can gravitate towards the heart if possible, as otherwise a continuous pain may be felt, due to the dilation of the blood-vessels from the weight of the contained blood.

If bicarbonate of soda is not at hand, bicarbonate of potash is the next best; biborate of soda does as well, but is not often found handy. Then the emulsion of lime-water with oils makes a good dressing where the skin is broken. But vaseline is preferable, as there is no odour from it, and it is quite as bland.

We have yet to add that this alkaline treatment is not new in England. We accord Mr. Waters full credit for systematising it and drawing attention to it. We recorded his success as he knows long ago. He will no doubt be interested to learn that in some parts of England "whitening" is a popular remedy. Lately a case came under our notice in which a cook having sustained a severe scald her mistress applied "whitening" (the purified chalk used in the household) in the form of a paste made up with water—after the manner taught by her grandmother. There are various similar popular uses of alkalies although most of the profession have neglected these remedies.

DANGER FROM THE HYPODERMIC INJECTION OF MORPHIA.

DR. E. F. INGALS, M.D., has published an interesting paper on this subject in the *Chicago Medical Journal and Examiner*, May, 1878, p. 491, based upon replies which he received to a circular sent out by him, to eighty representative physicians of the North-west. Fifty-five gentlemen replied to the circular, which was couched in the following terms:—

"Have you often given hypodermic injections of morphia?"
"What is your ordinary dose of morphia when used in this manner?"
"Have you ever seen syncope or other unpleasant results follow its administration by this method?"

Nearly all had used hypodermic injections frequently in doses varying from one-sixteenth to half a grain, in exceptional cases one grain. Two recommended from one-sixteenth to half of a grain. Three did not exceed one-sixth of a grain. The majority were accustomed to give from one-sixth to one-fourth or even one-half of a grain. A few combined atropia with the morphia for injection. Thirty-four of the fifty-five had seen no unpleasant results, and six had seen nothing worse than abscesses at the point of introduction.

The remaining fifteen were unfortunate in their experience, and the results observed by them, serve as a warning against making too light of the dangers attending this method of administering morphia. Seven fatal cases were reported. In all, save one, the ordinary dose had not been exceeded, although in some the exact quantity had not been noted. One death was caused by the injection of one-fifth of a grain of morphia, combined with one-seventy-fifth of a grain of morphia. Another resulted from the administration of two doses of morphia of one-third of a grain each, with an interval of four hours between the first and second dose. The case was one of invaginated intestines. Death from narcotism ensued six hours after the second dose. Another resulted from one-fourth of a grain given in a case of sciatica, the patient dying comatose within five hours. Another death is reported as following the administration of two doses of one-fourth of a grain of morphia, the first taken internally, the second administered hypodermically.

Another, a case of myalgia of the muscles of the back terminated fatally in the course of twelve hours, having been first subcutaneously injected with 1-60th of a grain of sulphate of atropine, then given by mouth ¼ of a grain of morphia, and finally, the pain being still exceedingly severe, being injected hypodermically with ¼ of a grain of morphia.

The exceptional case alluded to was a patient upon whom the operation of ovariotomy had been performed. The amount of morphia in this case was not determined exactly, but is estimated at 1½ grains given in the course of five hours, in two doses of ¾ of a grain each. Narcotism followed the last dose in from fifteen to twenty minutes, terminating in death within two hours.

Amongst the replies received by the author to his circular he quotes the following at length.

"I think there is always more or less danger from the use of morphia in this way, so have almost discarded its use."

"I am chary of the use of the syringe, using it when demanded—dose gr. ⅛. Largest dose ever ventured on was gr. ⅓ (in violent colic). The patient was asleep in one minute and did not awake for sixteen hours. No bad results."

"I have seen unexpectedly severe effects on several occasions. I do not give morphia in that way when I can give it by the stomach. The effects that I speak of were simply severe ordinary effects of the medicine."

"No syncope, but in my experience results have been so uncertain and unexpected that I now never resort to the surgical operation to introduce medicine when the patient can swallow, or has the use of the rectum. I should as soon think of introducing food as a regular thing by transfusion of blood. Put me down as opposed to the practice save in exceptional cases."

"Once, after ⅙ of a grain, syncope occurred in about fifteen minutes after administration; was given in a case of cholera morbus."

"One case, the patient slept twenty-four hours. . . . . The dose was only 1·12th of a grain."

"But once, gave ⅓ gr. to adult male (in case of compound comminuted fracture of tibia and fibula) to ease pain. While administering injection sudden collapse and dyspnœa, with fluttering heart. Rallied under ammonia and whisky." . . .

"In the case of an old lady nearly eighty years of age, there was almost instantly after the injection a frightful degree of numbness, as she expressed it. (The dose gr. ¼.)" . . . .

"Have seen alarming syncope in three cases, great prostration in a score at least." . . . . .

In conclusion, Dr. Ingals directs attention to the fact that, although this method of administering morphia may have been used a thousand times successfully, yet the next time fatal consequences may ensue, and that even the fact of its having suited a particular patient on former occasions will prove no safeguard against its not doing so on subsequent ones. It must therefore be used with caution, and those using it must be prepared for emergencies.

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INDEPENDENT DEPARTMENT.

ON THE USE OF IRON IN THE TREATMENT OF ANÆMIA FROM HEART DISEASE, AND THE VALUE OF MICROSCOPIC ENUMERATION OF THE BLOOD CORPUSCLES.

By W. J. LITTLE, M.D.,
Past Senior Physician to the London Hospital.

A very interesting paper on a case of anæmia observed with the hæmacytometer by Dr. Gowers, of University College, appeared in the *Lancet*, of May 11, 1878. In that communication Dr. Gowers shows that by means of the hæmacytometer he was able to determine that the red corpuscles of the blood were greatly diminished in number, being reduced to 26 per cent. of the normal, or about 1 in place of 4; that after a week's treatment in hospital by "absolute rest, a large amount of nitrogenous food, iron, and quinine," the proportion of red corpuscles was found to have increased to 40 per cent.; two days later to 49 per cent. Twenty-four days after admission the red corpuscles had risen to 60 per cent.; on the 33rd day to 76 per cent.; on the 55th day, after a visit to Brighton, they amounted to 86 per cent.; on the 62nd day to 93 per cent. Probably on account of the dependence of the anæmia upon heart disease, the full measure of blood corpuscles was never recovered.

It may result from the observation of the case in question, and from further investigation which will probably be made by Dr. Gowers and other physicians, that by means of the hæmacytometer the effect of iron and of some other medicinal agents can be watched with a degree of certainty not before attainable. But at present, as far as can be gathered from this ably-conducted case, we are still far from having reached the positive, mathematical *certainty* hoped for in medicine to be enabled to say, as Dr. Gowers says, "that iron *must* act as a direct stimulant to the process by which the red corpuscles of the blood are produced," that "the iron *must* act by increasing the formation of the leucocytes in the blood, perhaps also by favouring their transformation into red corpuscles." I congratulate Dr. Gowers on the use of the word "perhaps" in the last-quoted sentence, which expresses, the proper frame of mind of the philosophic physician in relation to our knowledge of the *modus operandi* of drugs in general. I further congratulate him on this attempt to obtain certainty of knowledge in our judgment on the value of the several therapeutic agents we employ. I venture, however, to suggest to Dr. Gowers and others employing the hæmacytometer in the study of anæmia from heart diseases and from other chronic diseases, dyspepsia and amenorrhœa for example, to ascertain whether a similar augmentation of blood corpuscles is not observable in cases treated by absolute or partial rest, suspension of work, improved or more comfortable and cheerful surroundings, by improved diet, by purer air, the use of quinine, but without iron. Dr. Gowers, it is obvious, fully appreciates the value of the therapeutic means I have recapitulated. I shall be thankful to him and others who will employ their experience in the enumeration of the red corpuscles in cases in which they are deficient, and which have been treated *without* iron.

My experience would lead me to do as Dr. Gowers has done, and to place the use of all the therapeutic means above enumerated in the front rank, and it must be admitted that I very generally follow the example of my teachers and brethren and employ iron. Having, however, in consultation cases of anæmia, chlorosis, chorea, and heart disease, for example, in which iron, arsenic, zinc, valerian, and other drugs have been of no avail, successfully confined my treatment to diet, attention to the *primæ viæ*, stimulants, sedatives, air, moral and mental influences with suitable rest, as first emphatically insisted upon by Mr. Hilton, I have come to regard iron as being at least undeserving of the high prerogative it has long possessed, that of being almost a specific for anæmia and certain nervous affections. If it can be shown with the use of the hæmacytometer that general physiologico-therapeutic treatment without iron will gradually augment the proportion of red corpuscles, or if, on the other hand, a series of reliable observations shall show that without iron in some form the relative diminution of red corpuscles remain unchanged, a great addition to positive therapeutic knowledge, especially as to the indubitable and indisputable action of iron in enabling red corpuscles to be formed, will be obtained.

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SPECIAL DEPARTMENT.

REPORT ON OTOLOGY.

MODIFICATIONS OF POLITZER'S METHOD OF INFLATION.

Inflation of the ear by Politzer's method is now so universally practised, that some are apt to lose sight of the fact that other processes may be adopted. They even forget the time-honoured plan of Valsalva, while others are absolutely ignorant of its use or object. Whether the rubber bag be employed or a simple tube makes no difference, the only object being to force air through the nostril and Eustachian tube during the act of swallowing. This is the essential point of Politzer's method. To do away with swallowing is to resort to Valsalva's plan, but has been lately referred to as only a modification of Politzer's. We will notice some of these.

In a "Report on Otology" read by Dr. E. E. Holt before the Maine Medical Association, June, 1877, are these words:—

"Various modifications of Politzer's method have been suggested to do away with the necessity of swallowing water, but they generally have been no easier of execution than the original method. For some time I have been using a method that does away with the swallowing process. I found by taking a full inspiration and filling my mouth and throat tensely with air, and then discharging the air-bag, as in Politzer's method, that air readily entered the tympanum."

Dr. J. Oscroft Tansley, acting upon the suggestion, has adopted this process at the Manhattan Eye and Ear Hospital, and having used it daily for the past five months upon a large number of patients, testifies to the fact that it is much more pleasant to patients, and certainly more effective than the old plan; and during the time of trial he met but one patient whom he failed to inflate; and in several cases where the swallowing process failed, he succeeded easily with the modification.

At first he followed Dr. Holt's suggestion implicitly, and had his patients fill their mouths and throats tensely with air, but afterwards he succeeded better in telling them simply to pucker up their lips, and blow from their mouths in the same way as they would to blow out a candle, and at the same time refrain from letting air pass through their noses. Then placing the muzzle of the air-douche in the nostril, and retaining it *in sitû* with the thumbs and first finger, he at the moment of Politzerising closes the other nostril with the second finger, and usually succeeds at the first attempt.

In the *New York Medical Record* he says:—"I prefer this method because it is more rapid and easier accomplished; and because I have more time to act; for when using water it is necessary to press the bag at the right instant; if too soon, then the velum has not closed the posterior passage, and if too late, the velum has regained its flaccid condition. In the modification there is all the time—during which the Politzerisation may be accomplished—that it takes to empty the lungs by blowing through the lips. I find it convenient to gauge the power of any inflation by having my patient blow soft or hard according to the necessities of the case; for of course the stronger they blow the more tightly is the posterior passage closed.

"My patients prefer it because they have not to swallow water which their wants do not at the time require. I have often when using the old method had to send patients away from my office or clinic, or use the catheter—and this latter is not always convenient — without having accomplished my object, simply because I had in my attempts filled them so full of air and water that they felt unpleasant. This method also avoids the disagreeable, and sometimes severe pain, which the old plan occasionally causes, in the muscles of the neck and chest of anæmic and phthisical patients, produced, I have reason to suppose, by the Politzerisation catching the muscles during the performance of, and thus interfering with, the act of deglutition. I have had already several instances of the avoidance of this pain, and am now treating a patient who has previously refused treatment because of this objection to the swallowing process.

"For children it is much more convenient, because it is easy to have them blow from their mouths, but difficult to retain water in their mouths, and have them swallow upon your giving the signal."

DR. GRUBER'S NEW METHOD OF DILATING THE EUSTACHIAN TUBE.

Dr. Gruber has described his modification of Politzer's method in the *Lancet*, as follows:—

As has been already said, in order to obtain an effective separation between the upper and lower parts of the pharynx, the muscles of the soft palate must be brought into play at the same moment that the Eustachian tube is opened. All this is obtained by the simple pressure of the root of the tongue upon the hinder part of the palate, if a strong expiration is made at the same moment. If one presses the posterior part of the tongue against the palate, the cavity of the mouth is shut off from the throat, and the soft palate is pressed upward and backward. The air, which passes in expiration into the throat, has no escape either through the mouth or through the nose, of which fact one can easily convince himself by holding the hand, or a small flame, in front of the nose. The latter is not moved, and the hand is not conscious of the least breeze during the expiration, as would be the case did the air escape from the nose. The stronger the expiration at this moment, the more tense will be the soft palate, by the pressure of the escaping air, and the more effective the closure of the upper pharynx. This moment as regards the arrangement of the pharyngeal parts, is the most favourable for giving the maximum degree of pressure to the pent-up air, by emptying the Politzer ball into the nose by the nozzle introduced as usual.

Had we always quite docile patients before us we should certainly make use of this method; as this is not the case, we must be content with such movements as come nearest to that above described. The result of the investigations which I have made in my own mouth, and in those of patients, is that we obtain the result when the consonants "h," "k," "k," are sounded together in the most sudden manner. In such a mode of operation much depends upon the patient's powers of comprehension, and it is often easier for the surgeon to direct the patient to repeat some complete syllable, as it will demand less explanation to make them use a vowel between the consonants, as "hack," "heck," "hick," "hock," "huck." Let any one utter the indicated syllables in succession, as they are written down, and he will find that the tongue is pushed further backward and more firmly upward the further we proceed in the succession of syllables, so that with the syllable "hack" the tongue is placed most forward, and with the syllable "huck" is pushed back to the furthest degree, and against the parts above; and in this way the upper pharynx is narrowed and effectually closed. The backward and upward pressure is stronger, and the closure more effectual when the combination of consonants "hck" is uttered without the vowel. We have also in the scale of words a means of measuring, a kind of guage of the closure of the upper pharynx, which is most useful, as will be seen. As the learned reader has already observed, the syllables are always written "ck," which I will explain by saying that the strong final sound falls upon "k." In proportion as the patient exerts himself to strengthen the sound of this final "k," so will it be possible to perfectly close the upper pharynx. Let us now try to utter one of these syllables, and we shall observe peculiar changes or effects in the ear; each time we find a motion in the tympanum, and not unfrequently a noise similar to that experienced in the Valsalva experiment; and the experimenter must thus cause the air to pass through the tube into the tympanic cavity.

The treatment which I now, supported by the facts given above, recommend for cases alluded to in the preliminary remarks is as follows:—The operator stands or sits, as is most convenient for him, in front of the patient, and the end of the nozzle of the syringe (the ball of which is held in one of the operator's hands) is passed to the depth of one-third of an inch into the nasal opening. The operator then, with the thumb and first finger of the other hand, closes the opening around the syringe nozzle most carefully, and, while the patient utters one of the prescribed syllables (" hack," " heck," hick," " hock," " huck," " hck "), the ball is compressed, and the air flows with a clearly perceptible noise through the tubes into the tympanic cavity.

THE NASAL DOUCHE.

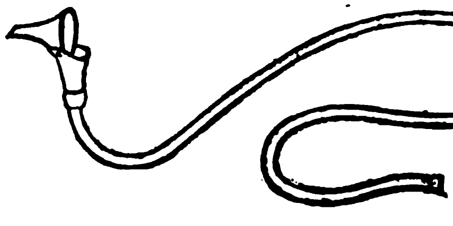
Dr. Weber-Liel, in an address published in the *Berliner Klin. Wochen.*, April 1, 1878, has opened the question whether or not all fluids introduced into the tympanic cavity produce inflammation. He finds after the injection of sulphate of copper or sulphate of zinc, quite violent inflammations of the middle ear, but never perforation, took place; after nitrate of silver or corrosive sublimate, on the contrary, the violent inflammation was quickly followed by perforation of the membrana tympani. From numerous experiments upon animals and patients he also finds that when solution of common salt was forced into the tympanic cavity, a violent inflammation occurred. Whether or not the membrana tympani had been perforated depended upon the strength of the solution and length of time which elapsed between the experiment and the examination; but when carbonate of soda was employed, in no case was there perforation of the membrane, although after the use of strong solutions there were slight traces of inflammation. Studying the reported cases, it seems that salt solution has been most employed, is a dangerous agent, and should be at once superseded by the carbonate of soda. The accidental passage of the carbonate of soda solution into the ear during the employment of the douche, and the intentional introduction of it by the syringe both failed to produce ill effects. The conclusion is that whilst this accident is sometimes an unavoidable one, we need not abandon the use of the nasal douche, so long as we employ so innocuous and at the same time efficient an agent as carbonate of soda.

THE REMOVAL OF FOREIGN BODIES FROM THE EAR.

Dr. Robert T. Cooper thinks it must be admitted to be of extreme importance to be able to *see* the body upon which we are directing the current of water from the syringe. With the ordinary ear specula, as met with at the instrument-makers, this would be impracticable. He has, therefore, constructed an ear speculum, a description of which appeared in the April (1877) number of the *Dublin Journal of Medical Science*, so constituted by the addition of a spout-handle through which the outgoing current of water can pass, as to enable us to see at each stage of the operation in what way the foreign body is influenced, and upon what part of it we are directing the principal force. In another article in the *Medical Press* he says:—

The reason why syringing is so successful is, he thinks, because sufficient deficiency exists between the canal-walls and the body to be removed to allow of the water getting behind the body before it becomes detached from the sides of the meatus, and in this way protecting the drum-head from injury. But it is evident that the force playing upon the body from in front may, before the water gets behind it, drive the foreign body right against the drum-head, and so cause serious injury.

The rational way, therefore, of utilising any vacant space between the foreign body and the canal-wall will be to insert the nozzle of a syringe constructed so as to terminate by a very fine extremity and to possess a correspondingly minute bore. The object of this will be to enable us so to utilise the space as to syringe in such a way as will cause the water to accumulate *behind* the foreign body and *between it and the drum-head*, and swelling up from behind will, therefore, take place, and as the water accumulates pressure will be brought to bear upon the body from within, the tendency of which will obviously be to drive it outwards. But in order to perform this delicate operation satisfactorily it is necessary that we should have in clear view the body we are seeking to remove at each step of the operation, and this advantage we can obtain only by the employment of my spout-speculum as pourtrayed in the adjoining woodcut.



This nozzle of the syringe is so constructed that while the nozzle itself is as free as possible, so as to occupy very little space, its extreme end slightly bent so as to fit *over* the foreign body, and, at the same time, steady it, and it is bored in such a way as to leave the tube of it to find an exit above and somewhat short of the tip. In this way the pipe of the syringe effects the twofold object of steadying the foreign body and shutting off any of the forward force of the syringe-stream abutting upon the foreign body.

The same object might be gained, but perhaps not quite so effectually, by having a loop of silver-wire, made like the end of an ear-scoop, attached to the syringe-pipe; this would steady, and, at the same time, if needed, press down the foreign body, while space would, in this way, be gained for the entrance into the meatus of the syringe-stream.

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Dermatological Professorships.—It is proposed, with the assent of Mr. Erasmus Wilson, to widen the scope of his professorial endowment of the College of Surgeons, which he at first limited to dermatology, and of which he was the first incumbent. In future, it is proposed, that a wider range of surgery and pathology be included within the selection of subjects.

ABOUT BOOKS.

Cyclopædia of the Practice of Medicine. Edited by Dr. H. Von Ziemssen. Vol xvii.—*General Anomalies of Nutrition and Poisons.* By Prof. H. Immermann, of Basel; Prof. R. Boehm, of Dorpat; Prof. B. Naunyn, of Koenigsberg; and Prof. H. Von Boeck, of Munich. Translated by W. Bathurst Woodman, M.D., and J. Burney Yeo, M.D., of London; Edward S. Wood, M.D., of Boston; Charles Emerson, of Concord; Porter Farley, M.D., of Rochester; and A. Braxton Ball, M.D., and Elwyn Waller, Ph. D., of New York. Albert H. Buck, M.D., New York, Editor of American Edition. London: Sampson Low, and Co. 1878. Pp. 968.

The relations of hæmophilia, scurvy, and purpura, are such that the three diseases may well be brought together, and in the new volume of the Cyclopædia, though each is separately described, all three have been entrusted to the pen of Prof. H. Immerman of Basel—no stranger to the reader of these volumes. The first in order is devoted to hæmophilia of which a very succinct history is given. It is singular, perhaps, that so extraordinary a disease should not have been more early understood. Greek and Latin literature is a blank on the subject. Of the Arabian writers only Alsaharavi's well-known passage can be cited, and that dates only from the 11th century. The modern history begins with Otto, who in 1803 gave an account of the American family of "bleeders," whose history could be traced for a century, and mentioned others known to Drs. Rush and Boundley. Other American papers might also be mentioned, showing that physicians in that country had observed the disease. In 1820, Germany came to the front. Nasse took up the inquiry, and gave an account of all recorded cases. Wachsmuth followed with his new cases and careful criticism, since which several able workers have devoted attention to the subject, amongst whom the English Dr. W. Legge must be named. The pathological enigma, as our author still admits this disease to be, is sufficiently rare, even now, to be often neglected by those who might observe cases for long periods, and yet it occurs sufficiently often in some form to secure that a large number of medical men should be able to contribute something to our knowledge of it. Can it be stamped out? is a question which may be suggested, and which occurs to us on reading the observations of Prof. Immermann on its prophylaxis. He advocates the legal prohibition of all marriages likely to result in the birth of bleeders. At the risk of being classed with "*doctrinaire* authors only," whose appeal for the liberty of the subject excites our author's scorn, we venture to assert that in this country, at least, there is no sufficient cause for legal interference. Not, indeed, that there is any possibility of its being attempted. While we permit thousands of dipsomaniacs to do evil to their families, and to the State itself, we are not very likely to trouble ourselves about the marriage of a few bleeders, whose children may inherit their disease. The suggestion seems to us to savour of a want of knowledge of political economy, and of the principles on which freedom and free states are based. The only evil these few unfortunate bleeders can do is to perpetuate a disease which is of little importance to society, although of the greatest personal consequence. The case of insanity is altogether different, though even in that we are not prepared to go the lengths that some do. There seems a propensity with some medical men to resort to legislation for the prevention of all kinds of diseases. In the case of small-pox, the reason is obvious enough, and the legislature is within its province; but we look upon hæmophilia as by no means a suitable case for interference. If the end of human life were to procreate healthy children, we could understand the views of some would-be legislators, but the highest duty of Parliament is not yet admitted to be to act as stock-breeders of a superior cattle. Our author does not, with Legge, propose to prevent all bleeders from marrying. With an intuition that such a course is impracticable, he only proposes to prohibit the females of bleeder families from marriage, because the disease is more likely to be transmitted through them, and the female sex is itself more liable to the disease. If our "*doctrinaire*" prohibitionists had their way it is probable they would try to rid the world of all diseases in time, but we no more believe that men can be made healthy than that they can be made good by Act of Parliament, and we therefore decline to follow them in their Quixotic expeditions. Quite another question is that of the attitude of the medical adviser of a "bleeder" family. Certainly he should furnish them with information respecting the disease, and so, too, it would be right on the part of the doctor to warn any patient proposing to marry into a "bleeder" family of the risks incurred. But warnings of this description stand on quite a different footing, and although they are often disregarded—as too frequently seen in the case of insanity—it is, nevertheless, proper to give them.

It is of the utmost importance that members of "bleeder" families should be informed of the danger that attends any breach of surface or operation. This is of most consequence in regard to tooth extraction, for which people may go to a dentist who has no knowledge of them. Only lately a case came under our notice in which a young lady went to a strange dentist to have a tooth extracted, and nearly lost her life before it was discovered that she was a "bleeder" by the friends in whose house she was staying. The treatment of the disease laid down by our author is such as will commend itself to our English readers.

The essay on Scurvy is longer than its predecessors, as becomes its importance in regard to seafaring people, but it scarcely calls for criticism on our part. It is followed by one on *purpura hæmorrhagica*, or, as our author terms it, "Morbus maculosus Werholfii," the relations of which with scurvy, hæmophilia, and other diseases are pointed out. Under the head of etiology we find the pregnant remark that the less we can positively affirm respecting a case of transitory hæmorrhagic diathesis, the greater is the probability that it belongs to the category of morbus maculosus. It might, we think, be added that the less disturbance of the general health is a striking characteristic, for purpura may seem to prove of little or no inconvenience, while scurvy is early attended by pain and general disturbance of the system. At the same time, purpura may itself give rise to other hæmorrhages than those into the skin and from mucous surfaces. The treatment of this disease has always been most unsatisfactory, and Immermann seems to think no medicines of any value unless acetate of lead, and the use of that he regards as rather doubtful. We should be disposed to place more reliance on ergot, and wonder that his own idea of the pathology of some cases has not lead him to give that drug a more extended trial. Of course, iron is not to be used until convalescence has fairly set in, when it may be of some utility.

The remainder of the present volume is occupied with the subject of poisons, and is full of information which will render it of great value for reference. Some of the articles are indeed of such interest that they will be eagerly read through. This is the case with anæsthetics, written by Boehm, and translated by the late lamented Dr. Bathurst Woodman. There alcohol is treated at considerable length, and some of the social questions connected with it may have fresh light shed upon them or fresh interest excited by the way in which the facts are marshalled. The next point we have noticed is chloral, the effects of which are so often solicited in chronic alcoholism and frustrated by that habit. Boehm regards it as undecided whether chloral is cumulative. We look upon the question as mainly determined by the frequency of the dose. He puts the outside dose of hydrate at 46 grains, though he admits that fatal effects have followed much smaller quantities. We think it is only exceptional circumstances which could justify such doses, and it is much safer to repeat small doses than to overwhelm the system with a single large one. Chronic chloralism is not overlooked. Metallic poisoning is treated with much care by Naunyn, but scarcely demands notice at our hands. The vegetable poisons are perhaps less understood, and in this essay by Boeck some of the rarer ones are treated more fully than might have been expected in a work of this nature. The only point we shall allow to detain us is the antagonism of morphia and atropia, respecting which the author says he cannot shut his eyes to the facts in favour of treatment by atropine, but he is careful to point out that the therapeutical antagonism is not sufficient to make it a complete antidote, though it is a useful remedy. He admits that atropine might for a time be as useful as artificial respiration, but he remarks, too, on the power of atropine itself to kill, and so to complete the effect of the morphia.

Altogether this volume will be welcomed by the subscribers to the "Cyclopædia" as one which if of less frequent service than some which have preceded it, is likely now and again to be referred to, and when required is not likely to fail in affording the information sought.

Atlas of Diseases of the Skin. By BALMANNO SQUIRE, M.B., Surgeon to the British Hospital for Diseases of the Skin. Part I. London: J. and A. Churchill. 1878.

THERE is a feature in this Atlas which is likely to make it popular; it is the most portable of all works of the kind. Most of the atlases of skin diseases, old or new, are unwieldy, and their shape demand a separate portfolio or a specially constructed drawer in the library. Mr. Squire believes it possible to produce an equally useful atlas of ordinary 8vo size, and here offers us the first instalment. The object is attained by depicting a smaller part of the surface of the body in each plate. In this way he is able to show the disease of life size on a fairly large area. Thus in the present part the face is the portion affected, and we have plates which show the features of the patient, but only sufficient of the hair to give a more definite idea of the outline. We quite agree with the author that this is a sufficient mode of illustration, and are glad he has adopted it. It is to him that we are indebted for the last entirely original English Atlas of Skin Diseases, which appeared in 1864. That was well carried out, and we have no doubt that this will be finished in as efficient a manner. The plates in this part illustrate psoriasis and nævus, and are rather fine specimens of chromo-printing. The letterpress gives an account of the cases depicted and a slight sketch of the diseases in question. Some persons may perhaps wish that this had been a little more extended. An atlas however of this kind, entirely original, should be regarded as clinical, and the first point is to accurately portray the cases and then to describe them. We congratulate Mr. Squire on the first part, and hope that succeeding ones will be as good. His new mode of treating nævus by multiple incision is here shown to be efficacious, and the use of chrysophanic acid in psoriasis introduced by him is also illustrated. A recent *brochure* on this subject has been issued by the author, to which we are referred for further information. We could almost wish that the substance of that pamphlet had been included in the present letterpress—especially as we suppose other illustrations of psoriasis may appear in future numbers. This could have been accomplished by employing a rather smaller type, though it must be confessed that in these days it is a luxury to read a book in a bold clear type, which enables us to get over the pages at a rapid rate—by even the dullest artificial light.

Old Age, Its Diseases and Its Hygiene. By LUNSFORD PITTS YANDELL, M.D. Reprint from the *American Practitioner*, February, 1878.

A FEW years ago, Dr. Yandell retired from active practice, and busied the last two years of his life with a "History of Kentucky Medicine." At the time of his death he was only able to correct part of this proof, which he said was likely to be the last contribution to medical journalism. A long and honourable career was his, and in its decline he seems to have been one looked up to and beloved by all his fellow practitioners. Dr. Yandell is compared to Sydenham by a writer in the journal from which this pamphlet is reprinted. It is only a brief sketch, but is full of interest, and touches on a number of ailments incidental to old age. We give one passage:—

> "Many old men endure a large amount of unnecessary suffering, especially in the urinary organs, from an apprehension that their infirmities are the inevitable results of age. A medical adviser will put them in the way of mitigating evils which cannot be entirely overcome. Even so grave an affection as diabetes may be benefited by a proper regimen. The troubles connected with making water may be overcome, to some extent, by instruments. The calculous diathesis may be corrected by proper treatment, and the bladder rendered tolerant of a stone by alkalies. Sir A. Cooper relates a case in which a country

parson, with a calculus in his bladder, was able to go fox-hunting under their use, and even persuaded himself that the stone was gone. By early attention, the calculus may be discovered while it is small and removed by a comparatively painless operation. Dr. Franklin's last years were embittered by a stone in his bladder. Dr. Physick, towards the close of his life, operated on the aged Chief Justice of the United States, John Marshall, and removed more than a thousand small calculi from his bladder. Sir Walter Ogilvie, thirty years before, had one taken from his bladder in London, which weighed three pounds and four ounces, and died in ten days in consequence of the severe operation."

Aids to Chemistry. Part ii.—Metals. By C. E. ARMAND SEMPLE, B.A., M.B., M.R.C.P. London: Baillière, Tindall, & Cox. 1878.

THIS is another of the "Student's Aids Series," which appears to have established itself as really useful. The present issue succeeds Part i., which was devoted to the metalloids. Here we have the metals, or rather the common ones, for the rare are omitted. Indeed, it would have been absurd to give them in a little book of the kind. If these Aids be intelligently used they may prove of real service. Any one who depends solely on them will have cause to repent a course which the authors of the series would be the first to condemn. To say such "crams," as they are occasionally termed, have no place in a diligent student's library is incorrect. They are, as it were, a superior form of note-book, and it is a most legitimate use of a student's notes to turn to them to refresh his memory. These "Student's Aids" will serve the same purpose, and are, of course, less likely to mislead than a student's own notes of lectures, which are naturally liable to error.

We have looked through this volume and are inclined to think it one of the best of the series. The author has condensed as much as possible, but the salient points are given. Students who have honestly done their work throughout the curriculum may be very glad to refresh their memories by going over these pages.

On Consumption, and on certain Diseases of the Lungs and Pleura. By R. DOUGLAS POWELL, M.D., Physician to Brompton Hospital, &c. London: H. K. Lewis. 1878.

THIS is a second edition of the author's former work on the varieties of consumption, and contains a good deal of additional matter, much of it, if we mistake not, being the contributions he has made to journals in the interval since the last edition. It is natural, perhaps, for him thus to collect together his articles, but there is a certain risk that detached essays may not fall into their places so as to constitute a complete unity. This seems to us to be the case, so that we should almost prefer the former work to the new one, unless we regard the latter as allied to a collection of essays, in which case, of course, one may have little or even no relation to the other. It is true that Dr. Powell's new chapters are not altogether disconnected with the subject of his former ones, but, as we have pointed out, they are not necessary, and this gives the book as a whole the appearance of a want of purpose. This is enhanced by the division into two parts, the second of which is devoted to the bronchi, pleura, and lungs, but neither of which are handled with any desire for completeness, inasmuch as they are again to come under review in a future work which the author announces he is preparing. The chapter on Bronchial Catarrh strikes us as being a mere sketch, the use of which we cannot understand, as it contains nothing to call for attention. In other chapters the author has something definite to say, and we are willing readers. It is when he has definite views to state that his remarks are most interesting, and we should have been more pleased still had we not previously been acquainted with his opinions. The work concludes with some remarks on the statics and dynamics of the chest, which are of value in directing attention to certain agencies the importance of which is not generally recognised. The author has contrived a schema to illustrate the mechanism of respiration in health and in some diseases. It may well be that all his explanations of the clinical phenomena we witness will not be generally accepted; indeed, we should differ from him on several points, but they are well worth consideration, and a study of them by the aid of the drawings of the apparatus will help to make some of them better understood, or at any rate to give definitiveness and even precision to the ideas of the reader. We could almost have wished that this chapter had been expanded at the expense of some of the others, and that it had been accorded a place in the earlier pages of the volume. It is certainly likely to be more useful than the brief notes on the physical examination of the chest, which would scarcely be useful except to a student.

MEDICAL OPINION.

THE CRISIS IN MEDICAL AFFAIRS.

THE *Medical Press* says:—

In the full enjoyment of our hopes of speedy medical reform, to the consternation of all reasonable advocates of that object, the Bill has assumed a character which makes its further support by the profession very questionable. As we have said, the plan of the measure was, that the existing licensing bodies should assist each other in the holding of examinations, one board of examination being formed for each country, and the education and examination under each being equal. The student having passed one of these Boards could not yet enter into legal practice, but should present himself to two licensing bodies which he selected, and receive from them his diplomas, on which he would be entitled to insertion of his name in the Medical Register and to the consequent privileges of practice. The amendment to which we refer was that introduced at the suggestion of the Marquis of Ripon, and referred to in the following Parliamentary report from the *Times* of June 4th:—

MEDICAL ACT (1858) AMENDMENT.

Their lordships having gone into Committee on this Bill,

On Clause 4, which would have made it necessary for a person who had passed the joint board examination to obtain a medical diploma from one of the existing medical authorities before he could be placed on the Medical Register,

The Marquis of Ripon moved an amendment to make such diploma unnecessary for the purposes of registration.

The Duke of Richmond and Gordon approved the amendment.

The amendment was agreed to, and Clause 4 as amended, and the remaining clauses, after verbal amendments, were ordered to stand part of the Bill.

The Bill was then passed through Committee and reported to the House.

Under this simple form lies a proposal which, we state without hesitation, signifies the extinction of the licensing colleges, and nothing else. Under the Bill, in its original form, these institutions should content themselves to suffer a serious loss of income, but this proposal would, we repeat, be equivalent to the reduction of the colleges to the condition of impecunious and insignificant medical clubs. By the Marquis of Ripon's amendment, the student who succeeded in passing the conjoint-board examination would be entitled, then and there, to register his passing and enter into practice. He need not, nor would ten per cent. of the students so qualified, ever think of entering a college or seeking a collegiate diploma until, if ever, the time came for him to look for a higher degree *e.g.*, a Fellowship or a Doctorate in Medicine. We are at a loss to conceive how there can be any doubt upon this point in the mind of anyone who knows anything of the matter, and yet we find the *Medical Times and Gazette* expressing its opinion that "the medical authorities will not object to the alteration, for no medical man will be likely to be content with the qualifying certificate only." As a matter of fact, it is true that fully nine-tenths of the students who enter the profession at the present day are "content with the qualifying certificate only," and never dream of seeking the higher diplomas, and there is not the remotest reason to suppose that the rank and file of the profession will ever see the necessity of passing and paying for distinctions which carry with them no legal privileges which they do not already possess. Deprived thus of their income from licensing, in what condition will the corporations stand? As a single example let us take the Irish College of Surgeons. In the past year it received £2,801 8s. from candidates for its license, and only £273 from its Fellowship candidates. If deprived of this £2,801 it would have only £873 left to meet an ordinary expenditure of £3,674 (exclusive of extraordinary building outlay).

Can the complete extinction of the Licensing Corporations be contemplated by the Duke of Richmond—the minister of a Conservative government. We can hardly conceive that it is so; and we have, perhaps, spoken in ignorance of some scheme contemplated by the Duke to meet this difficulty. Perhaps it may be intended to fix in the Bill a fee payable for the Conjoint Examination Certificate, which will be adequate — when divided between them—to maintain the present Licensing Bodies. Nothing less than thirty guineas would suffice for this purpose, even though the Bodies submit to a serious curtailment of their present incomes; and while we find mention of this or any other sum in the Bill, we anticipate that the prevailing idea in the Medical Council would be to fix the certificate fee at the minimum amount which would pay for the examination, and thus to leave no surplus for division; and it would be, therefore, out of the question to leave the fixing of such a detail to the discretion of the Council.

Radicals in Medical Reform may, perhaps, argue that it is not the duty of the State to take cause for the maintenance of Medical Corporations, and that it would be unjust to tax the immigrants into our profession for such purpose, but in this argument lies the gravity of the situation which we have said cannot be exaggerated. It may, indeed, be of little interest to the public whether Medical Corporations continue to exist or not; but it should be remembered that the medical practitioners who treat the diseases of the public can hardly be taught their business without these institutions. It is the licensing bodies which maintain museums, keep medical libraries, provide laboratories and lecturers, and act as the motive power in encouraging medical research, and we find it difficult to imagine the system which can, under present circumstances, supply their place. The very Conjoint Examining Board, which the State now recognises as the only legitimate portal to the profession, are to be created mainly by those bodies, and, without their aid, the emoluments of teachers can never be sufficient to attract the best class of men in the profession for the instruction of the medical man of the future. The many reasons which may be given for the protection of the licensing corporations are, indeed, unnecessary for us to detail here, and are so obvious that we cannot believe that the Duke of Richmond has overlooked them. We must assume, therefore, that he has failed to appreciate the effect of the amendment, and we most anxiously look for such a retracing of the step as may reassure the profession, and permit of their continuing their cordial support of the Bill. On the whole it seems to us that the purpose of the amendment would be most readily made compatible with the continued efficiency of the licensing bodies, by the fixing in the Bill of a uniform conjoint diploma fee for the whole kingdom, sufficient in amount to ensure the existence of these bodies and to make certain the social status of the profession in the future. It is quite certain that an alteration in the Bill to such effect must be made in committee in the House of Commons, otherwise the whole energy of the licensing bodies, backed by the influence of a large majority of the profession, will be used to prevent its becoming law. Hoping as we do for a reasonable measure of reform, we should feel its defeat to be a disaster.

DINNERS AND DINING.

During the month the event of the day has asserted its importance in a sanitary sense, for two medical weeklies have devoted considerable space to the art of dining—an art not likely to be forgotten, but capable of much improvement. "A Diner-out" has filled between two and three pages of the *Lancet*, while the *Medical Examiner* has devoted a leader to the hygiene of the dinner-table. With regard to the admiration shown for foreign dishes, it may be said that simplicity—the one good point about English dinners—is thereby imperilled. What is wanted most of all is good cookery—that means intelligent and even reasonable cooks. Where are they to be found?

We take a few passages from the recent contributions, beginning with our "Diner-out." He says:—

Now, in the ordinary dinner of every-day life in the middle class and the lower middle class the importance of a fair proportion of soup, fish, and vegetables is lost sight of, too much stress being laid on the joint, which is supposed to be the one necessary. If regard be had to the conditions under which men now-a-days work, we consider that a man who has been toiling all day in his shop or office is not usually in a fit state, on his arrival at home, to sit down to a heavy meal, or even to one consisting of a single dish, and that of meat. There is probably not a man but who has in his life experienced the distressing sensations of sitting down to dinner with a ravenous appetite, and feeling before five minutes were gone, that his stomach was distended, and that he was completely done up. When a man is wearied, fatigued, or anxious, his stomach is not in a fit condition to receive a heavy meal, and, whilst at his dinner he ought to be resting. Now, if he preface his meal with some light gravy soup and a piece of stale bread, he will not experience the unpleasant distension, for the fluid will be rapidly absorbed, and distribute a feeling of warmth, comfort, and strength throughout his system. If he next partake of fish, properly cooked, he will feel fresher and lighter, and be quite ready for the reception of a moderate amount of meat; and I venture to say that the man who has taken such a meal will not only feel, but will be, better than he who has consumed half-a-pound of solid meat by itself. The one will be able to amuse himself for the rest of the evening, whereas the other will seek his sofa, or fall asleep in his arm-chair.

Then, again, in this country, vegetables and fruit are taken but sparingly, relatively to the bulk of food consumed each day. Not only should vegetables be eaten with meat, but I hold that they ought to constitute a separate "plat" after the meat, as in France. Nothing can be better than a potato with the joint, and afterwards peas or asparagus served as a clean savoury dish. What can be nicer, more economical or nutritious, when but few vegetables are in season, than a dish of "haricots blancs" properly cooked? Then, again, why cannot we, in this country, finish our dinner, as in France, with a dish of "maccaroni au gratin," which would be a cheap, nourishing, and savoury substitute for the many indigestible messes which go by the name of puddings and pies? No Frenchman would consider his dinner complete without a salad—a thing too rarely seen on the English dinner table. One of the reasons, no doubt, why the salad is not enjoyed here as it is in France is that there are few cooks who know how to make a salad, but I consider it is just one of the things that every English lady ought to know how to do. In this country the salad is steeped or soaked in water before it is sent up, so that it arrives at table a sodden, uninviting mass, whereas, in France, a salad is never washed, but each leaf is separately wiped with a damp cloth, so that it goes to table a crisp and elegant dish. It would do an English cook good to see the way in which her French representative handles a salad, fondling it as gently as if it were a new-born babe.

If Paterfamilias could always have his cold mutton prefaced by some soup or fish, and then served up with a delicious salad, he would probably find it more agreeable than when it constitutes, as at present, a constantly recurring dish in so many households. Nothing is more hateful to the stomach than a repetition of the same dish day after day. If a man were fed daily on partridges and champagne, the time would come when he would almost loathe the sight of them, and would turn with relish to a crust of bread and cheese, to be washed down by a glass of small beer. The present generation has probably forgotten that in days gone by the indentures of the Gloucestershire apprentices contained a clause to the effect that they should not be required to eat *salmon* more than thrice a week.

There are two radical faults in the construction of the *menu*. The host draws it up with the intention of allowingg his guests to *select* their dinner from a large variety of dishes, but his wishes are entirely frustrated by his waiters, who dole out the dinner on the supposition that each guest wants to taste a little of *every* dish on the card. If, for example, a guest should elect to make his dinner off three or four dishes he would go away hungry, for he would have meted out to him little more than a mouthful of each dish, and etiquette would entirely forbid him from asking for more. The inordinate length of the *menu* makes waiters help very sparingly of each dish. Within the past few years dinners have been made more simple, and the *menu* greatly contracted. It is, however, still too long, and dinners are thereby rendered wearisome.

It may be said of most dinners that you have put before you a great deal of what you do not want, and that you miss something which you would like. Some things look very well in a confectioner's shop, but they do not sit very well in a guest's stomach. At how many houses do you get oysters and turtle soup? The real fault is that the *menu* is often the production of the cook or confectioner, the connoisseur's art being conspicuous by its absence. What is required is quality rather than quantity. For instance, no dinner is complete without the delicious bivalve if it be in season.

Two soups generally appear on the *menu*, a thick and a clear. I look upon it as a piece of barbarism to preface a good dinner with a basin of thick soup. A thick soup with a junk of bread is itself a dinner, and its appearance on the *menu* suggests the idea, which is of course erroneous, that the host is imitating the practice of certain schools in which the pudding is for obvious reasons served up before the meat. No connoisseur would ever commence a good dinner with a basin of thick soup, and if we are told that it is put on the *menu* because some one would prefer it, the answer is that if the guests don't know what is good for them the host had better not allow them any choice. Nothing but a clear soup ought to be tolerated; for the winter, clear turtle, and for the summer, some light gravy soup with some vegetables in it.

Fish is not usually sufficiently represented on the *menu*. Of all dishes, there is nothing so light, elegant and harmless as fish, which is far more nourishing than people credit it with being. Of variety there is no end, and the ways of dressing it are many. Indeed, fish ought to constitute a very large portion of the dinner. There ought to be at least two kinds—a boiled and a fried; in summer a third may be added—the souchet—a delicious dish in hot weather. As the dog-days approach a judicious interpolation of cold dishes is desirable—for instance, hot salmon is well replaced by a dish of the same fish served up as a mayonnaise iced. *Entrées*, to be acceptable and digestible, ought to be very light, whereas, as a rule, they are somewhat heavy and stodgy. There ought to be two of them, the one boiled and the other fried. In hot weather, one of the dishes ought to be cold—for instance, a *supreme de volallile à l'aspic glacé*. The *entrées* constitute the back-bone of the dinner; nearly every one partakes of them, and much care and attention ought therefore to be bestowed on them.

I now come to the removes, as represented by the joints. The appearance of a joint on the *menu* is a barbarism little known, happily, outside this country. One would have thought that an Englishman would have had quite enough of the eternal joint at home without wishing to see one at his host's table. There seems to be a popular fallacy in this country to the effect that a man cannot be said to have dined unless he has partaken of the joint, and hence a joint is *de rigueur*, except at a dinner given by a connoisseur at his club. Look at an Englishman's plate when lamb is in season. Can anything be more unsightly? Meat, potatoes, asparagus, or peas, all mixed up in one unsightly mass, rendered sodden and unsavoury by the unhallowed combination of mint-sauce and melted butter, thereby spoiling the flavour of two good things—the lamb and the asparagus. Now, if the lamb had been served up, not as a joint, but as cutlets, with green peas or asparagus, we should have had a delicate and elegant dish; and if the asparagus had been dished up as a separate "plat" at the head of the *entrêmets*, as in France, we should have had an exquisite delicacy which is never so enjoyable as when taken by itself. The great advantage of not allowing a joint at dinner is, that instead of a mangled piece of meat we have a savoury, sightly portion cut and dressed by the cook at her leisure. Take for instance, a sirloin of beef. Why not cut from it its choicest part, the fillet, and serve it up elegantly in the shape of fillets, with mushrooms or olives? A bird usually figures as the "roast," and care ought to be taken to select one which, like the plover or snipe, has a bitter flavour, for a guest might as well eat a barn-door fowl as a partridge or pheasant at this stage of the dinner. The salad ought now to make its appearance. It can either be eaten with the roast, if there be no vegetables with it, or it can form a separate and delicious "plat" by itself as a lobster salad.

On looking at the *menu* of our host, we can at once see whether the dinner is sent out from the confectioner's or not. The confectioner always rides his hobby to death, and makes what ought to be a very slight interposition a veritable *pièce de résistance*, hence his dinner is marked by the inordinate number of the *entrêmets*, for, to use a common expression, "he is great at sweets." I say that the fewer sweets that appear in the dinner the better for the reputation of the host and the welfare of his guests' stomachs. At most of the dinners given at London Clubs, the sweets are conspicuous by their absence, and it would be well if the good example were more extensively followed.

At the end of a good dinner a mass of sweets and pastry are most objectionable. All that is required is a plain wine jelly, which is cool and refreshing to the palate. Connoisseurs very properly finish a dinner with salt fish in some form or other, in order to cleanse and sharpen the palate, and render it in a fit condition to appreciate the wines. I look upon ices as calculated to do good to only portions of the community—the dentist—for nothing can be more injurious to the enamel of the teeth than inserting in the mouth a substance which reduces the temperature from blood heat to freezing point.

The *Medical Examiner* says :—

The question, then, of dinner-table hygiene practically divides itself into two. First, how are we to secure that each day's dinner, whether taken at home or abroad, shall do us no injury? and, secondly, how are we to derive from each dinner the greatest possible amount of good? The ideal dinner is not that which simply supplies a man's tissue-waste, but that which places him altogether in a happier and better frame of mind. Regarded in this light a dinner may be made the means not only of bodily, but of mental, edification. To this end the body of the diner must be placed under such conditions that the function of digestion can be carried on with the least possible strain on the general nervous force, while his whole environment must be such as to conduce to a cheerful and contented frame of mind. Much might be written as to the preparations and antecedents necessary to a healthy meal, but it will suffice here to say that all forms of appetite-coaxers, such as alcohol in its various forms and bitters, are likely to do more harm than good, and should be rigidly eschewed by the philosophical diner. The two most important preparations are a moderately long fast, and a period of complete mental and bodily rest before dinner. Afternoon tea is utterly antagonistic to a successful meal, and any worry of mind or fluster of body is equally to be avoided for at least half-an-hour before the dinner-hour.

The fixing of this dinner-hour is, perhaps, one of the most important points in the whole question. The desideratum is, that a sufficient interval be secured before dinner for perfect appetite and a sufficient interval after it for perfect digestion. The great fault of modern dinners is that they are too late. The diners go to bed as a rule with their stomachs half-full of undigested food, and as a consequence they derive the full benefit neither of their meal nor of their sleep, but rise after a troubled rest with a headache and a feeling of weariness, which do not wear off until the next day is half over. In other cases this error has been known to give rise to nocturnal flatulence and acidity, and even to obstinate diarrhœa. These troubles are easily remedied when once the cause is found, but in the opposite event the tissues may in the end suffer most serious damage. To be on the safe side, one should interpose an interval of four hours between the end of dinner and the commencement of sleep, and any arrangement which only allows for an interval of less than three hours stands self-condemned. It is economical in the end to provide the best of everything. Next in importance to purity comes good cookery, which is, perhaps, the most difficult to obtain of all the requisites of a healthy dinner. Variety is the next important matter. We think that on the whole the appetite should be satisfied on one article of food, the preference being given to a cut from a joint plainly cooked. But this should be partaken of only in moderation, and the adjuncts to it in the way of vegetables should be strictly limited both in number and quantity. It is better, if possible, to make separate courses of the different kinds of vegetables, so that the stomach is filled gradually; and it is as well, for the same reason, to interpose a short interval between each course. Of *entrées*, the cautious diner will take only one, choosing that which is most simply prepared. Soup and fish should be taken only in moderation. As to wine, the most important point is, as every one knows, to adhere to one kind throughout dinner. Claret or hock is for most people the safest drink, and the quantity taken at dinner should never exceed a pint. Wine, even in its lightest forms, should never be used undiluted, simply to quench thirst; for this purpose it should be mixed with water, no pure wine being taken till the edge of thirst is dulled.

We must add a few words on the general surroundings of a dinner. What is required is to secure that the main supply of nerve-force shall be concentrated on the digestive organs, while at the same time the mind is pleasantly stimulated. The dining-room should be kept cool and well-ventilated; otherwise the blood is drawn away from the stomach to the surface-capillaries, while an extra strain is put upon the lungs by the respiration of vitiated air. The light should not be so brilliant as to over-excite the nervous system. A subdued light of a reddish shade is, perhaps, the most pleasant to dine in, red being believed to have the most enlivening effect on the sensorium. Flowers and scents, and even the plash of water, or the sound of distant music, are important accessories to the ideal dinner, but are not absolutely necessary to a healthy meal. Lastly, pleasant converse is, perhaps, the most important condition for securing the requisite mental altitude. We would venture to say that no solitary dinner can be a perfectly healthy one, but even that is, perhaps, better than forced and uncongenial conversation. Many an indigestion, we fancy, has owed its origin to an unresponsive neighbour.

THE MICROPHONE FOR SURGERY.

THE *Lancet* says :—

Although medical men have always shown readiness and even eagerness to avail themselves of the assistance of any scientific discovery calculated to facilitate the diagnosis of disease, or to expedite its treatment, their susceptibilities must have been rudely shocked last week at the inconsiderate haste with which the results of certain experiments of a purely technical character were made known to the general public through the medium of a daily newspaper. When Professor Hughes announced the marvellous invention of the microphone, Sir Henry Thompson seems to have conceived the idea that the instrument might be utilised for the detection of foreign substances within the human body, otherwise undetectable. In this there was of course nothing objectionable or censurable. If Sir Henry Thompson had any reasonable grounds for believing that the microphone could be made available for the easier detection of stone in the bladder, he was justified in making the necessary trials; but he owed it to the profession to which he belongs and to his own reputation to make those experiments in a quiet and unostentatious manner, and to record the results in a recognised way. It is true that he did supply us with an account of his first experiment, and gave us an opportunity of witnessing the demonstration at University College Hospital, but in view of the public excitement that had been created by the paragraph in *The Times*, we felt compelled to disregard the intimation, and leave matters to pursue their unruly and irregular course. We do not wish to insinuate that Sir Henry Thompson is directly responsible for the ill-timed notices in the lay papers. He has probably been sacrificed by injudicious friends. So far he may deserve commiseration, but he cannot for that reason claim to be entirely freed from blame. *Omnis fama a domesticis emanat*, but a man cannot always shirk the effects of the indiscretion of his followers.

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ESSAYS ON TOBACCO.—The Paris Société contre l'Abus du Tabac has awarded several prizes for essays on the abuse of the plant. No less than 108 essays were sent in for the competition—15 from English writers. Three of these last received "honourable" mention, 4 a bronze medal, 1 a silver medal, and 1 an encouragement of 200 francs.

IN THE LABORATORY.

VEGETABLE CREASOTE.

As we have called attention to the statement of MM. Bouchard and Gimbert as to the value of this substance in phthisis, it may be well to point out how different it is to its namesake. M. Mayet, who procured the article and made the preparation, has communicated these. Ordinary creasote, he tells us, is a mixture of phenic and cresylic acids, which reddens litmus. True vegetable creasote is an alcohol and neutral. It has a density of 1066 or 1067, the false article being only 1044. Its odour is not persistent, but disappears with a wash, while the mineral clings obstinately. The true creasote gives a precipitate with a solution of potash; the false remains limpid. With weak solution of ferric chloride the true gives a green colour, rapidly passing to brown; the false a blue first and then violet. With a weak ammoniacal copper solution the true shows a dirty green colour, with oily points; the false, at first, is blue; soon a precipitate of deep blue is formed, and the supernatant liquor is clear and emerald green, with oily points. With a weak solution of Prussian blue the tint of the true becomes green; that of the false remains blue. With a few drops of ammonia the liquid becomes ochery brown, and the creasote collects at the bottom; if not vegetable it becomes straw-yellow, with a few brown flocculi.

We have spoken of the articles as true and false, but it should be said that true vegetable creasote has almost disappeared from commerce, and, therefore, those proposing to use it therapeutically should specify it, or the ordinary article may be dispensed. Hermann Rust has given another delicate test. He says fifteen parts of common creasote mixed with ten of collodion gives a gelatinous mass, while true vegetable creasote mixes with collodion, giving a clear solution. One or two drops of the common article added to the solution suffice to convert it into a mass.

Creasote dissolves in ether, alcohol, and oil. The best vehicle seems to be cod-oil. Ordinary wines will not dissolve it, but it is said that Malaga will mix with an alcoholic solution, and from such solution a syrup has also been made.

ALLEGED DANGERS OF CALOMEL.

A YEAR or more ago we recorded the dangers alleged to have arisen from mixing calomel and sugar. It has long been a practice with many to keep these two articles ready mixed, but we were told that in Italy and elsewhere it had given rise to poisoning by the calomel being converted into corrosive sublimate. Carlo Bernardi, from numerous experiments, was led to conclude what we at first conjectured—that the specimens of calomel had been themselves impure. A glance at the pharmacopœial process shows that such impurity is likely to occur unless proper precautions be taken, and tests are given to which the product should be subjected. Our pharmacists would do well to be a little more rigorous in their requirements. In the present day we may fairly look to them to check the manufacturer from whom they receive such articles. There is another point to which their attention may be directed. Calomel undergoes change by exposure to both heat and light, a portion of corrosive sublimate being formed. If perfectly pure and dry calomel be heated it may get a grey tint from the separation of mercury, and the powder will be found to contain corrosive sublimate. Light will act on it in a well-closed bottle. First it becomes yellowish, then it may become grey. In the latter case the cause is the same as in the case of heat, and the yellow tinge may be looked upon as an early step in the process.

The question of the changes that may take place in the stomach will have suggested itself. This, with the other, has lately been re-investigated by M. Jolly, who announces (*Gaz. Méd. and l'Union Phar.*) a very notable discovery to the effect that really pure sugar has no effect on calomel, but that many sugars are sold in which a small portion of lime hydrate is left. They are white, but have only undergone the first crystallisation. Further, some colonial sugars are acid. Now either acids or alkalies will determine the change of calomel. M. Jolly found that calomel lozenges made in Paris were free from perchloride, but it is known that in Italy several chemists have detected it in lozenges. Perhaps an impure sugar had been used. Evidently the sugar should be tested by dispensers and lozenge-makers.

The theory that insoluble salts are converted into corrosive sublimate in the system is somewhat supported by M. Jolly's experiments—that is, if physiologists will suffer us to consider that muriatic acid and sodium chloride are free in the gastric juice. A gramme of calomel in distilled water, with 2 per 1,000 muriatic acid, after six hours at a temperature of 40 Cent. (104 Fahr.), gave 3 milligrammes of bichloride. In a 5 per 1,000 solution of salt 1 milligramme of bichloride was found. The same quantity of calomel was tried for the same time, and temperature with two grammes of citric acid, and yielded also a milligramme of the perchloride. There is, then, some truth in the old precaution—that calomel should not be given to children in the pulp of fruits, jams, &c.

Passing beyond the stomach, the drug would be subjected to the action of the alkaline intestinal fluids. Experiments, therefore, were made, with these results:—*a.* Water 100 cubic centimetres, caustic soda 0·50, calomel 1 gr.; blackening was immediate; in six hours 6 milligrammes of corrosive sublimate found. *b.* Water and calomel as before, carbonate of soda 1 gramme; blackening; in six hours 4 grains of corrosive sublimate. *c.* The soda replaced by 1 gramme of calcined magnesia; result, 3 milligrammes corrosive sublimate. *d.* Calomel and calcined magnesia, of each 1 gramme, mixed, and lixiviated with distilled water; in twenty-four hours 1 milligramme of corrosive sublimate formed. Lime acted like magnesia. Carbonates of lime and magnesia had no effect.

These experiments confirm many others that have been made, and show that acids, alkalies, and their carbonates act on calomel; that the earthy bases, lime, and magnesia act similarly, but more feebly, and their carbonates not at all. The great difference between the action of calomel and perchloride has made many physicians hesitate to accept the theory that the effect is due to such change, and there is still great doubt. We cannot accept the idea, for in the intestines calomel and other insoluble salts are subjected not only to alkaloids, which precipitate an oxide, but to fats, which have been proved capable of rendering this precipitate soluble. However, much interest attaches to these theories, and the experiments we have noticed are of considerable value.

LIQ. SANTAL FLAVA CUM BUCHU ET CUBEBA.

WE desire to invite the attention of our readers to the above preparation lately submitted to the profession by Messrs. C. J. Hewlett and Son, Cree Church Lane, London. In cases of gonorrhœa, gleet, and indeed in very marked cases of renal and vesical diseases, the liq. santal flava cum buchu et cubeba has acted in our hands with a charm, and we have no doubt such of our professional brethren as have the opportunity of testing its properties by prescribing it are very agreeably surprised at the marked benefits patients derive from its use. Most of us experience occasionally very considerable difficulty in prescribing a medicine (that we know to possess properties of a semi-specific character) in such a manner as to render it "tasty" to the palate, and at the same time a judicious factor in the all-important process of digestion. We have no hesitation to say that this preparation will be found pleasant in odour, agreeable to the most sensitive palate, and its assimilative properties so marked and decisive as to render its use general when it becomes fully known to the profession.

GALLIUM.

M. Lecoq de Boisbaudran has informed the Académie des Sciences that he has prepared several salts of gallium, and that he has determined the atomic weight of this metal to be 69·9.

SYRUP OF CHLORAL.

We have noticed with regret the extraordinary statement accompanying the Syrup of Chloral (Liebriech) introduced by Messrs. Corbyn & Co. When a man asserts on his label that his product is "the only preparation on which the profession can rely for the production of the therapeutical effects of the remedy," he surely ought to be able to prove the truth of the assertion, for he thus brings discredit upon the whole body of his chemical brethren, imputing to the entire class either incompetency or knavery. It is within our knowledge that for some time past many of our leading chemists (having regard to the introducer of the drug) have been in the habit of using and dispensing chloral hydrate prepared according to Dr. Liebriech's directions, and bearing a fac-simile of his signature across the label as proof of authenticity. Moreover, a recognised pharmacopœial strength of chloral syrup—ten grains in the drachm—has made the introduction and use of the preparation to which we allude positively dangerous, in the event of the B. P. syrup being dispensed where Liebrich's was intended, as the latter, according to advertisement, contains only fifteen grains in the tablespoonful. If the doctor's signature on the label referred to is not to be considered a sufficient guarantee of purity and freedom from those qualities which he so strongly deprecates in his paper of last year, then the sooner the profession is made aware of the fact the better for themselves and their patients; but if, on the other hand, it be allowed that what has been commonly in use in the best dispensing houses is pure and genuine, then the sooner the objectionable statements and strength of the preparations are modified, the better for all parties, it being quite possible that in the event of a fatal dose of the one syrup being administered, where the other was intended, the blame may be laid on the quality which strictly belongs to the quantity.

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JOTTINGS FROM JOURNALS.

Superciliary Aneurism.—At the September meeting of the Italian Ophthalmological Society, Gradenigo demonstrated a preparation of a true aneurism which was located in the superciliary region of a man 30 years of age. The aneurismal tumour had been growing so long that complete ptosis existed. After the failure of other measures, Gradenigo, after ligating all the vessels opening into the sac, extirpated the tumour, and the patient could be dismissed in ten days.—*Klin. Monatsbl. f Augenheilkunde*, March, 1878.

Treatment of Strictures of the Nasal Duct.—During the same meeting, Perergra read a communication upon the incision of the nasal duct in strictures of the same, and added that he had obtained good results in 113 cases by opening the anterior wall of the sac and cauterising it with nitrate of silver, but reported other clinical observations also in which he had obtained a complete cure by Stilling's internal incision. In the discussion upon this paper, Quaglino observed that in the treatment of strictures of the tear duct not only must the strictured point be dilated, but the diseased condition of the mucous membrane of the lachrymal sac must be relieved by proper astringents, and he recommended as the best chloride of antimony devised by Moyne.—*Ibid.*

How Does Quinine Influence the Emigration of White Blood Corpuscles in Cases of Inflammation?—The question, whether the stopping of the emigration of white blood corpuscles by quinine was simply the result of its influence upon the protoplasm of the white blood corpuscles, or was caused also by disturbances in the circulatory apparatus, induced Dr. J. Appert to make some new researches in this line. He operated with blood from the Rana temporaria and the Rana esculenta, and found that the amœboid motions of the white blood corpuscles cease, and that they assume a granulated appearance in the course of 10 to 90 minutes when brought into contact with solutions of quiniæ mur., having a strength from 1-200 to 1 2000. Even weaker solutions (1-2500 to 1-3000) influence the motions of the white blood corpuscles. But a solution of 1-3500 causes no perceptible changes of them. Upon the other elements of blood, quinia has no effect. When in cases of inflammation quinine was locally applied, the doctor found that continued irrigation of a 1-10th to 1-5th per cent. sol. upon a wound of the tongue limited the emigration, dilated the vessels, and hastened the circulation. Hypodermic injections had the following results in cases of inflammation: Single doses of quinine, amounting to from 1-3500 to 1-4000 of the frog's weight, not only stop the emigration of white blood corpuscles, but also hinder their attachment to the inner walls of the vessels. Besides, the cells turn darker, their amœboid motion is arrested, and the pulse as well as the circulation is slower. Doses of 1-4444 of the frog's weight, injected within three or four hours, limit the emigration of cells and those within the vessels appear darker. When the doctor compressed the arteries of the tongue he found after the application of quinine a retardation of the circulation, a contraction of the vessels increasing with the strength of the solution, an intermittent current of blood in the larger arteries, a decrease in calibre of the axis of the red current in favour of the broadness of the plasmatic current of the margin and numerous attachments of the white blood corpuscles to the walls of these vessels. In the veins there was observed a retardation of the current, a broadening of the red current to the walls of the vessels, and no tendency to attachments to the walls of the vessels on the part of the white corpuscles. At last no emigration was observed for hours.—(*Virchow's Archives*, vol. lxxi., 1878.)

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NOTES, NEWS, AND GOSSIP.

INTERNATIONAL SANITARY CONGRESS.

During the Paris Exhibition a congress of this kind will be held, and the following programme has been issued:—

I. Formation and object of the Congress. Art. I.—An International Congress of Hygiene, under the patronage of the French Government, will be held at Paris in August, 1878. Art. II.—The object of the Congress is, to bring together the *savants* of all countries, desirous of discussing questions relating to the progress of hygiene. Governments, administrations, scientific societies, corporations, are invited to lend their aid to the project by sending delegates.

II. Work of the Congress.—Art. III.—The Committee have determined to discuss a certain number of questions, included in the annexed programme. A memoir on the exact state of our knowledge on these questions, will be published by the Committee, and will be sent to all subscribers at least a month before the opening of the Congress. Art. IV.—Other interesting hygienic subjects will also be submitted for consideration. Authors must send their papers at least a month in advance. Art. V.—Two sittings will be held daily; the first from nine to twelve, for questions introduced by individual members, the second from two to five, for the discussion of the subjects proposed by the Committee. Art. VI.—Speakers must not exceed 15 minutes, unless by consent of the assembly. Art. VII.—The work of the Congress will be published by the Committee.

III. Constitution of Congress. Art. VIII.—The Congress will be composed of subscribers, national and foreign. Art. IX.—Home members will be charged 20 frs. and will have a right to all the publications. Art. X.—Foreign members will be admitted to the Congress free of charge.

QUESTIONS FIXED FOR DISCUSSION IN CONFORMITY WITH ARTICLE III.

I. "The Hygiene of Newly-born Children," as regards mortality prevention, &c., introduced by MM. Bergeron, Bertillion, Margarin. II. "On the Alteration of Water Courses," as regards their corruption by industrial products, drainage, &c., introduced by MM. Durand, Claye, Proust, Schloesing. III. "The Hygiene of Food," introduced by MM. Bouley, Nocard, Bouchardat, and Gauthier. IV. "On the Dwellings of the Necessitous Classes," introduced by Trelat and Du Mesnil. V. "Professional Hygiene;" Reporters, M. Gubler and Napias. VI. "The Prophylaxis of Infectious and Contagious Diseases." What are the transmissible maladies requiring the isolation of patients in general or special hospitals, and how reconcile this isolation with the practical rules of the service? Reporters MM. Fauvel and Vallin. For the morning meetings the Committee have selected some other questions, as the prophylaxis of rabies, mortuaries, cemeteries, cremation, the ventilation of schools, the hygiene of prisons and of light.

Dr. Bouchardat is Honorary President, Dr. Gubler, President, and Dr. Liouiville, General Secretary, to whom all communications should be addressed.

It may be interesting to medico-psychologists to know that their special branch will not be neglected, as arrangements are being made to bring together the alienists of all countries. Paris is a fitting place for such an assemblage, for her physicians hold a high and proud position in connection with insanity, and the traditions of her school of alienists are well preserved by her present representatives in psychological medicine.

Hygiene in Italy.—Italy, which has of late years made great strides in all medical sciences, has established a hygienic society. We welcome the Società Italiana d'Igiene, which we hope may confer many benefits on the people of the beautiful peninsula. The Society is located at Milan, and will probably extend to other cities.

A Healthy City.—Dr. Elliot's report states that in Carlisle during the last week of May only five deaths had been registered (4 in St. Mary sub-district, and 1 in St. Cuthbert), 3 of them being from bronchitis, 1 phthisis, and 1 old age, without any zymotic disease on the register. The death-rate this week was therefore at the rate of only 8 per 1,000 per annum. In the corresponding week of last year 15 deaths were registered, and the death-rate was 24 per 1,000 per annum. Frequently the death-rate of Carlisle had been singularly small in the course of the last two years. It had been repeatedly down to 11 per 1,000, but the rate of 8 per 1,000 was not only lower than we ever had it, but, to the best of his belief, it was lower than any town with a population of 35,000 had presented—a fact all the more remarkable when the great antiquity of the city is considered as entailing sanitary disadvantages which can only be very slowly remedied. Of course, they could not draw inferences from any single week's results, beyond this, that they saw undeniably what was possible, and what it should be their object to secure as frequently as possible.

The Heart's Work.—Dr. Guyot, of Paris, after careful calculation, estimates that during sixty years of life the heart pulsates 2,269,800,000 times; during a life of eighty years, 3,007,040,000 times; in one hundred years, there are 3,792,550,000 pulsations.

Horse Meat.—The French Society for Propagating the Use of Horse Meat has awarded a medal of honour to M. Vallette, who lately opened an establishment for the sale of horse meat in London—Castle Street, Leicester Square.

A Perfect Girl!—Dr. W. Rubb (*Nashville Journal Med. and Surgery*, January, 1878) reports the following strange case:—"The patient in question is the *little* daughter of Mr. Samuel B., who resides in North-east Simpson County, Kentucky. Both parents of the child are healthy, and offer nothing to indicate the hereditary transmission of the disease. The patient was *four* years old in March, 1877, and then weighed *one hundred* pounds, measuring eighteen inches across the chest, and nearly five feet in height. Her mammæ were as fully developed as they are at puberty, and she menstruated regularly, Up to February, 1876, though she was remarkably developed, she had given no indication of the following strange phenomenon: At that time, her temperature became higher than normal; and hair, soft and downy, in colour like that of her head, commenced growing all over her body. It completely covered her, with the exception of her face, palms of her hands, and soles of her feet; and the skin was entirely hidden from view. The sudoral secretion became constant and profuse, of a very offensive odour, which is noticeable at some distance from her. So profuse is the secretion that in half-an-hour after being washed and dressed her person and clothing will become saturated. The perspiration is of a dark yellow colour, and of greater specific gravity than usual. Her voice is coarse, like a man's, and sounds as though she was speaking in a barrel. Her strength is equal to that of a full grown man. Her intellect is much beyond her years, and her form is perfect." Altogether quite a perfect little girl, we should say!

Heating a City by Steam.—The experiment of heating Lockport, N.Y., by steam has proved, it is claimed, highly successful. Three miles of pipe properly covered with non-conducting material laid under ground through some of the principal streets radiate from a central boiler-house, and fifty different dwellings and other edifices, including one large public school building, have been thoroughly warmed all the winter. Dwellings more than a mile distant from the steam generator are heated as readily as those next door. Steam meters are arranged so that the consumer pays only for what is supplied.

Cooking by the Sun.—At a recent meeting of the Académie des Sciences of Paris, M. Mouchot communicated "Results of Experiments made in various parts of Algeria on the Industrial Application of Solar Heat." With his solar engine he appears to have cooked food, baked bread, and distilled alcohol.

No Stimulants.—The other day a physician to a patient inquiring, "What ought I to take or to do when my feelings of exhaustion come on?" replied, "Go and lie down like any other beast."

◆

DEATHS.

Atkinson.—On June 3, at Over, Chcshire, Thomas Atkinson, Surgeon, in practice prior to 1815, aged 84.

Bland.—On June 8th, at Park Green, Macclesfield, James Bland, M.R.C.S.E., aged 65.

Bloomfield.—On June 8, at Coddenham, Suffolk, Horatio Bloomfield, M.D., aged 71.

Brady.—On June 19, at his residence, Horton Road, Bradford, Patrick Augustus Brady, M.D., aged 68.

Cotterill.—On June 11, at Millersdale, Derbyshire, Alfred Cotterill, M.B., of Newcastle-under-Lyme, aged 33.

Covey.—On June 13, at Wilton Street, Grosvenor Place, William Henry Covey, F.R.C.S.E., aged 74.

Davies.—On June 13, at Rhiwlas, Bury, Lancashire, Thomas Clifford Davies, M.D., aged 56.

Diver.—On June 17, at Herne Bay, Thomas Diver, M.D., late of Onslow Place, South Kensington, aged 49.

Donald.—On June 14, at Fife Street, Macduff, William Donald, L.R.C.S.Ed., aged 69.

Evans.—On June 16, at Finborough Road, South Kensington, William Julian Evans, M.D., aged 73.

Evans.—On June 19, at Cornwall Residences, Regent's Park, George Evans, M.R.C.S., aged 44.

Giliard.—On June 4, at Clarendon Place, Leamington, William Giliard, Surgeon (retired), aged 69.

Grierson.—On June 12, at Smallholm, Dumfriesshire, Mathew Grierson, late of the Bengal Medical Service, aged 74.

Grimshaw.—On June 16, at Bray, co. Wicklow, Wrigley Grimshaw, F.R.C.S.I.

Hunter.—On May 20, at Kilbirnie, Ayrshire, William Hunter, L.F.P.S.G., aged 53.

Jamison.—On June 4, at Dungannon, co. Tyrone, George Jamison, M.D., aged 65.

Kealy.—On June 5, at Drogheda, co. Louth, John L. Kealy, M.D.

Loy.—On June 13, at Harrogate, Thos. Richardson Loy, M.D. Lond., M.B., M.R.C.S., aged 33.

Mackay.—On June 3, at Rosedale, Yorkshire, William Murray Mackay, L.R.C.P. Ed., aged 43.

Parks.—On June 3, at Bankfield, Ainsworth, James Parks, M.R.C.S., late of Bury, aged 65.

Pentland.—On May 31, at Queensboro', Drogheda, Henry Pentland, M.D., of Kells, co. Meath, aged 75.

Pope.—On June 4, at Brislington, Keynsham, Charles Pope, Ext. L.R.C.P.L., aged 77.

Rawson.—On June 11, at Baltinglass, Co. Wicklow, Lewis Mansergh Rawson, L.R.C.S.I., L.K.Q.C.P.I., son of the late Lewis Mansergh Rawson, Glassealy, Co. Kildare.

Walker.—On May 31, at Chesterfield, Hugh Eccles Walker, M.D., F.R.C.S., aged 62.

Westall.—On June 10, at Holland Villas Road, Kensington, Edward Westall, F.R.C.S.E., aged 70.

THE DOCTOR.

LONDON, AUGUST 1, 1878.

Multum in parvo.

REFORM OF THE MEDICAL COUNCIL.

The General Medical Council has held another meeting, and terrified by the Government Bill and the outcry of reformers, has resolved "that its constitution needs revision," a conclusion which is so tardy that it sounds like a truism. This resolution is none the less the most important business transacted during the late session. The proposals in reference to the Government Bill were made and discussed in just the same style which has sickened the profession of the reports, and the one redeeming feature of this extra session—if not its one justification—is the resolve to take in hand its own reform. From its earliest days the constitution of the Council has been a sore grievance. It was urged on the Government which created it that it ought to be representative, and it has been loudly asserted that such was the intention of the Legislature—an intention defeated by the loose drawing of the Act and the selfish conduct of the corporations. The graduates of the London University asserted their rights to elect their representative, but were defeated partly by want of funds and partly, perhaps, because in their case the intent of the Act was less clear than in regard to some of the corporations. We have always held that in several of the latter legal measures ought to have been taken, and we believe that favourable opinions were expressed by counsel on at least one occasion. But without union what could be done? Individuals could scarcely be expected to fight the battle alone. Yet if we could effect the reform which was first asked for we should be reforming the corporations as well as the Council. Here, perhaps, after all lies the horror of the present Council at the mention of the subject—in spite of the numerous representations made to it of the absolute aversion in which its constitution is held by the profession.

It is singular, in view of all that has been said and done, to notice the manner in which the question was brought before the Council. Dr. Pyle, who deserves hearty thanks for his courage in submitting his resolution to so unsympathetic an assembly, proposed as a mode of granting representation to the profession in the Council, that graduates, members, and licentiates should elect the representatives of the universities and corporations. This, if we mistake not, is precisely the plan proposed to Lord Palmerston by Dr. Prosser James, and ever since urged by him as the most urgent of medical reforms. As the originator of the plan, Dr. James on various occasions has brought it prominently before the public and the profession, as well as before successive Governments, while in 1869 he brought it prominently before the Medical Council itself at the only session in which that body has appeared likely to listen. And how was the suggestion received? The letter describing it was burked by referring it to a committee, together with other questions relating to the constitution of the Council. And yet the author clearly showed that the Council might in this way easily reform itself. Last year the *Medical Examiner*, in a series of articles on the subject, once more drew attention to Dr. James's scheme, and seemed to freely support it, but now, like the other weeklies, has joined the cry for direct representation. The reason appears to be that the indirect method has been regarded as less radical. There is, as politicians know, much in a cry, and the word *direct* has misled many, for the representation would be just as direct by the original scheme, which has been dubbed by its opponents indirect, though it would give a much greater influence to the profession. Boroughs and counties are not said to be indirect representatives of the country, and if all the members of Council were elected by the members of the medical authorities, they would be representatives of the profession. Sir W. Gull, who is an adept at stating half truths, said that this plan concerned the corporations—not the Council. He would have been nearer the mark had he said, as well as the Council, for it is really a mode of reforming all these bodies. This has been plainly indicated by its originator, and this feature it is which unites against it the narrow policy of all who think only of their vested interests.

To reform at one fell stroke all the medical authorities by introducing the principle of represontation into all is indeed a project of statesmanlike breadth which has shocked the delegates of mere corporate interests. As such, we believe when the profession wakes up to the facts, it will be seen to be infinitely superior to the addition of four or five members to the Council elected by all practitioners alike. If not adopted now it will be asked for by the members of all the corporations successively. These bodies have lately made a terrible hubbub because their craft seemed in danger, but the practitioners have listened without emotion to their frantic screams at the prospect of extinction. Would this have been so had they been such representatives of the profession as they might easily become by extending their suffrage to all who hold their diplomas? We trow not. At present the universities and corporations take the cash of their graduates and members, after which they have practically done with them. When they have reformed themselves in the direction indicated, members and graduates will have an abiding interest in the existence and prosperity of the institutions to which they belong. Until then they take the license to practise, and care nothing more for the authority conferring it.

When the Universities were granted representation in Parliament it was the graduates who became the constituency. This is right and in accordance with all free institutions. If the Medical Council would represent the profession, its members must be elected by an equally broad constituency. It is needless for us to show how easily this could be accomplished. The task has been done by Dr. Prosser James, and all who are unaware of this should make themselves acquainted with the details of his scheme of medical reform. Some of the most distinguished members of the Council in past years recognised this, and some of the present members are independent enough to feel pleasure that Dr. Pyle should have this year propounded it. We do not despair of Sir W. Gull joining them. If he will study the question, before another year he may see the value of reforming the corporations as well as the Council, and if convinced he is not likely to hesitate to avow his opinion.

CHRONICLE.

TURPENTINE INHALATIONS IN DIPHTHERIA.

Dr. C. Edel, in the *New York Medical Record*, advises fifteen drops of oil of turpentine to be put into the boiler of the steam atomiser, and inhaled at a distances of three inches for ten minutes every hour, day and night. He says this is better than putting the drug in the bottle or cup, and safer than holding the points in the mouth. Several cases were cured, he says, in twelve hours—in older ones it took twenty-four, and in a few neglected ones forty-eight hours.

CINCHONIA.

In our article on "Substitutes for Quinine" we, last December, drew attention to this and other alkaloids. Dr. Ashurst, in the *American Journal of the Medical Sciences*, now urges the use of this alkaloid, pure, as a tasteless anti-periodic. It is not new, but is seldom used in this country. The tastelessness is due to its insolubility in the saliva, but it is at once acted on by the gastric juice. As a further precaution for taste, he adds carbonate of soda to it. One grain of cinchonia, 4 grains of sugar of milk, and 1-10th gr. of carb. soda forms his powder, which has only the sweetish flavour of the milk-sugar, and can be taken by children, or any who dislike pills; as the alkaloid contains no water of crystallisation, it can be given in the same dose as quinine.

We should like to see the article in use in America, or to learn whether experiments have been made with it, since, as stated in The Doctor, Dec., 1877, p. 235, Laborde and Dupuis had seen epileptiform fits produced in dogs by cinchonia. It would be well to examine the substances in use on both continents.

OBJECTIONS TO THE USE OF CARBOLIC ACID IN THE TREATMENT OF PILES.

In a paper read before the Kentucky State Medical Society, Dr. Mathews, of Louisville, urges the following objections to the use of carbolic acid in the treatment of piles:

1. It is just as painful as the ligature. 2. It is insufficient. 3. Death is to be feared: (*a*) From peritonitis; (*b*) from embolism; (*c*) from pyæmia. Mr. Allingham, of London, has used the acid in six cases, with very unsatisfactory results, and he considers the ligature the most efficient remedy we have. Three cases are cited in which *very violent inflammation* followed the use of the acid, and this coincides with Dr. Mathews' personal experience in many cases. It can only be cured by a process of *inflammation*, and *sloughing*, and this once started is immediately beyond our control. Without any prescribed rule as to the graduation of the dose, we would be liable to excite too little inflammation, and thus fail to cure, or too much endanger.

Peritonitis may be excited by extension of the inflammation, or by gangrene and perforation of the bowel. Embolism may occur from the detaching of a portion of coagulum, and, owing to the comparatively slow coagulative power of the acid, this is very liable to occur. Death from pyæmia is more likely to occur with this treatment than after the use of the ligature.

RECENT VIEWS ON DEVELOPMENT.

Mr. F. M. Balfour, M.A., in the *Quarterly Journal of Microscopical Science*, gives an account of the most recent views on the phenomena accompanying the maturation and impregnation of the ovum. The following summary shows the series of events in the order of occurrence:—

1. Transportation of germinal vesicle to surface of egg.
2. Absorption of membrane of germinal vesicle and metamorphosis of germinal spot.
3. Assumption of a spindle character (or form) by remains of germinal vesical, and largely from germinal spot.
4. Entrance of one of spindle into a protoplasmic prominence at surface of egg.
5. Division of the spindle into two halves, one remaining in the egg, the other in the prominence. The prominence at the same time nearly constricted off from the egg as a polar cell.
6. Formation of a second polar cell in the same manner as first, part of the spindle still remaining in the egg.
7. Conversion of the part of the spindle remaining in the egg into a nucleus—the female pronucleus.
8. Transportation of the female pronucleus towards the centre of the egg.
9. Entrance of one spermatozoon into the egg.
10. Conversion of the head of the spermatozoon into a nucleus—the male pronucleus.
11. Appearance of radial striæ round the male pronucleus, which gradually travels towards female pronucleus.
12. Fusion of male and female pronuclei to form the first segmentation nucleus.

The contents of the germinal vesicle at maturity, and before impregnation, are for the most part fluid, but may be granular. Their most characteristic component is, however, a protoplasmic network, which stretches from the germinal spot to the investing membrane. The figure illustrating this, copied from Hertwig, reminds one of the protoplasmic network in the oval cells of the hairs of *Tradescantia Virginica*, along which the living particles move, and constitute the phenomena of Cyclosis. The germinal spot is capable of amœboid movement, and is more strongly coloured by staining fluids than the remainder of the vesicle.

Hertwig's discovery of the male pronucleus, and the fusion of a male and female nucleus in impregnation affords no proof of Darwin's theory of Pangenesis, nor does it explain the origin of sex in the embryo.

ACTION OF IRON, COD-LIVER OIL, AND ARSENIC ON THE GLOBULAR RICHNESS OF THE BLOOD.

Drs. E. G. Cutter and E. H. Bradford, of Boston, have contributed an article upon this subject to the January number of *American Journal of Medical Sciences*, which will be read with interest in connection with Dr. Little's paper in our last issue.

As the result of many observations, which are given in detail, they have deduced the following conclusions as to the effect upon the blood produced by administration of these drugs, both in health and disease:—

1. In health, iron causes no increase in the number of the red corpuscles; but in the pathological state called anæmia there is an increase in the number of the red corpuscles under its use.

2. In the healthy subject cod-liver oil caused an *increase* in the number of the red corpuscles, and a slight increase in the white. In certain pathological conditions this seems to be also the case if the medicine is well borne. If, however, the morbid process is active, and the appetite is disturbed, the medicine does not appear to check the consequent anæmia.

3. Liquor potassæ arsenitis given in health caused a progressive *decrease* in the number of the red and white

corpuscles, that of the latter being most marked. In severe anæmia, on the contrary, there seems to be an increase at first of both red and white corpuscles. After a certain point there is a steady diminution of both, however. In the case of leucocythemia there was a decrease in both the red and white corpuscles, the decrease of the latter being very marked.

INVESTIGATIONS ON THE LOCAL EFFECTS OF THE SO-CALLED ASTRINGENTS UPON THE BLOOD-VESSELS.

Dr. H. Rosenstein (*Wuersburg Phys. Med. Verhdlg.*, 1876) examined the effects of solutions of argentum nitricum, plumbi acetas, acidum tannicum, gallicum and pyrogallicum, ferrum sesquichloratum and alumen, by applying them to the mesentery of curarised frogs, and measuring the calibre of the affected vessels with the micrometer. The most powerful contraction was produced by nitrate of silver in a solution of one to ten per cent. the observations being often disturbed by the ensuing partial opacity of the tissues. The contraction in many cases involved one-half of the lumen, both of the arteries and veins, being less marked in the capillaries, and manifesting itself in the course of a few seconds. Rosenstein observed a stoppage of the circulation in the affected vessels, which was permanent in the capillaries, but at times only transitory in the arteries and veins. Tannic acid, contrary to expectations, was found to have the opposite effect, dilating arteries, veins, and capillaries, as much as one-half of their calibre, while they became at the same time choked with blood corpuscles. The dilated vessels immediately contracted on the application of nitrate of silver. Gallic and pyrogallic acid were found to have the same effect as tannic acid. Acetate of lead produced a contraction of the arteries and veins, though less markedly than nitrate of silver. Its effect could not be traced to the capillaries. Occasionally a stoppage of the circulation was observed. The vessels almost invariably contained white coagula, consisting of conglomerated, colourless blood corpuscles, often adhering to the walls of the vessels, and thus giving to their transverse sections a beaded appearance. A ten-per-cent. solution of liquor ferri sesquichlorati had no perceptible effect. A fifty-per-cent. solution caused a contraction of the vessels, though in a still lower degree than acetate of lead. This contraction was limited to the arteries and veins, while the capillaries remained dilated. A frequent result was coagulation and discolouration of the blood within the vessels. A discrepancy was observed in the results of the various experiments with alum solution. The vessels were in some cases contracted, in others dilated, while in others, again, no appreciable change was noticed. In the capillaries, especially the smaller ones, the circulation often ceased. In order to prevent reflex action, he extirpated the spinal column of the frog, and destroyed the communication between the vessels and the heart, without changing in any way the local effect of the substances above mentioned. From the results of these experiments the author infers that only nitrate of silver and acetate of lead can be said to exert an astringent action, *i.e.*, to cause contraction of the tissues, this effect being of uncertain occurrence in alum, and the liq. ferri sesquichlor., and entirely absent in the tannic acid group.

We suppose some experimenter will be bringing forward evidence of another kind; and so we may wait before abandoning altogether the teaching of clinical experience.

TRACHEOTOMY WITHOUT TUBES.

Dr. H. A. Martin, of Boston, brought this subject before the late meeting of the American Medical Association. He operated 35 years ago in this way. The ordinary incision being made silver wires are introduced into the edges of the wound and secured behind by means of an elastic band. By keeping the opening patent in this manner, the patient may be left to the care of an ordinary nurse, there being no tubes to get stopped up and require skilled interference.

AN INFANT OPIUM-EATER.

A remarkable case, in which a child three weeks old had paregoric prescribed for synovitis of the knee-joint, is reported by Dr. J. L. Little in the *American Journal of Obstetrics*. After a while laudanum and Majendie's solution were taken. In two months half a dram to a dram was needed daily, and at eight months of age we are told the child consumed *two ounces in twenty-four hours*. The dose was diminished three drops daily until only ten drops were taken at bed time. The child improved regularly and is intelligent.

BELLADONNA IN COLLAPSE.

Dr. R. Weber recommends (*Phil. Med. Times*) small doses of belladonna as superior to musk, camphor, alcohol, or other stimulants, to restore the action of the heart in collapse. He seems to claim originality for the idea, but all advanced therapeutists have long been aware of the action of atropine in stimulating the heart as well as the respiration. For these purposes it has been employed in most conditions in which such a stimulus is needed, and the state of collapse is one of these.

ON THE ACTION OF ANÆSTHETICS (SULPHURIC ETHER, CHLOROFORM, AND CHLORAL HYDRATE) IN THE RESPIRATORY CENTRE AND CARDIAC GANGLION.

Vulpian (*La France Médicale*) finds that the hearts of animals under the influence of curara are less susceptible to the electric stimulus applied to the peripheral end of cut pneumogastric nerves, and therefore less ready to stop under its action, as the experiments of Weber show. In animals under the influence of anæsthetics the heart and respiration stop more readily, and do not commence in a few seconds to beat, as in uncurarised animals.

Chloral hydrate injected quickly causes a paralysis of respiration, followed in two or three minutes by stoppage of the heart's action. Interrupted faradisation by producing artificial respiration saves life in many such cases. Sometimes the heart stops suddenly first, the respiration afterwards; in such cases faradisation rarely succeeds in restoring their action. Faradisation of the superior segment of the vagus often causes sudden death in chloralised animals, just as Bert has shown it may do in non-chloralised animals.

(Some of the facts in regard to the protective power of curara over the heart's action, paralysing the vagi and so rendering them less capable of conveying the irritation of faradisation which causes the cessation of cardiac action, and the much greater difficulty of causing a renewal of the cardiac and respiratory movements when the heart stops first than when the respiration is the first to stop, agree with the results of the experiments of Dr. Munro, now of Manchester, made in Cupar in 1875-6, for the British Medical Association, which, so far as they went, showed that the same protection was afforded by atropine against the irritation caused by chloroform, the heart's action in animals killed by the latter invariably stopping *before* the respiration; but when protected by previous injection of atropine as invariably after—in one instance, indeed, the cat remained alive after chloroform had been given through a tracheotomy tube for thirty-five minutes—under the same circumstances a non-atropised animal would have died in about two minutes. Munro also found no difficulty in resuscitating animals after the respiration *only* had stopped, it being much more dangerous for the heart to stop first.)

DALTONISM.

Favre (*Le Courier Médical*) before the Academy of Sciences, estimates that 3,000,000 persons in France suffer from colour blindness. The proportion of women to men is only one to ten. Far from being incurable, nine cases in ten can be cured by methodical exercise on coloured objects. Mothers should be careful to develop the "chromatic sense" in children.

He points out that in future no one ought to be allowed to enter railway services, the navy, or schools of painting without being examined to show their knowledge of colours.

PILOCARPINE AND NITRATE OF PILOCARPINE.

Dor (*Lyon Médical and L'Abeille Médical*) states that the dose for injection of the nitrate is 2 to 2½ centigrammes (about ⅓ grain), in a solution of the strength of 1 in 10. The action is much more certain and twenty times stronger than jaborandi. The effects are produced in from one to four minutes. Vomiting is sometimes produced. The temperature falls in some cases from 37°·4 C. (99·3 F.) to 35°·8 C. (96·4 F.), or even to 35·3 C. (95·5 F.). Sometimes there was pericardiac pain. No marked influence on the urinary secretion. The solution loses much of its action after being kept two or three days, therefore it should be made fresh when wanted. An injection of two-thirds of a milligramme (about 1-100 grain) of sulphate of atropine stops at once sweating and salivation.

In ophthalmic medicine it has been employed in serous irido-choroiditis with diffuse opacity of the vitreous body.

Weber gives a case of croup cured by it and Demme has employed it eighteen times in dropsy after scarlatina, its action in producing abundant sweating surpassing any other means yet known. In children under two years the dose is 0·005 grammes (1-14 grain), from two to six years about 1-10 grain; from seven to ten, from 1-7 to 2-5 grain (0·01 to 0·025 grammes.) Generally only one injection is given in twenty-four hours, but in urgent cases two to four in twenty-four hours. The treatment continues four to six days.

In pleuritic effusions pilocarpine is not so useful as compressed air.

The antagonism between pilocarpine and atropine is worthy of being borne in mind in treating cases of belladonna poisoning.

TUBERCULAR MENINGITIS CURED BY IODIDE OF POTASSIUM.

Cuffer (*La France Médicale*) gives notes of a case in a man 34 years of age, in which two grammes daily were given with good effect.

TREATMENT OF ERECTILE TUMOURS.

Verneuil (*La France Médicale*) recommends injections of small quantities of the following solution:—

Distilled water } āā 30 grammes;
Perchloride of iron }
Chloride of sodium, 4 grammes.

Several punctures may be made, and a few drops injected at each, the skin surrounding the tumour being firmly pressed by the ring of a key, to prevent absorption taking place before a clot is formed.

TREATMENT OF HICCOUGH BY PILOCARPINE.

Ortille (*Bull. de Thérap.*) stopped at once an obstinate hiccough by 2½ centigrammes of the muriate of pilocarpine. The hiccough did not return.

DALTONISM TREATED BY FUSCHINE SPECTACLES.

Javal (*La France Médicale*) finds daltonism corrected by a thin plate of gelatine coloured by fuschine, introduced between two glasses.

CASES OF STRANGULATED HERNIA TREATED BY ESMARCH'S ELASTIC BAND.

Chapelle (*L'Année Médicale and Univ. Medical*) publishes three cases reduced by this means. In two cases it was tried and failed.

THE PHYSIOLOGICAL ROLE OF THE HYPOPHOSPHITES.

Paquelin and Joly (*La France Médicale*) from a few experiments conclude that the hypophosphites are not reconstituents, but only diuretics. (They seem to have drawn their conclusions rather hastily).

EXSANQUINE STATE OF LIMBS WHEN MAINTAINED IN THE UPRIGHT POSITION.

Prof. Lister has demonstrated (*Mouvement Médical*) before the Paris Academy of Medicine, that this is produced not by a simple mechanical action, but by reflex action caused by the depletion of the veins exciting muscularcontraction of the arteries.

TREATMENT OF WHOOPING COUGH BY BRYONY AND DROSERA.

Louvet Lamare (*Mouvement Médical*) advocates the use of tincture of bryony in the earlier stages in daily quantities of 1 gramme for a child of seven years, stating that it soothes very much the tracheo-bronchitis, which is at that period the only appreciable marked manifestation. In the second period, tincture of drosera diminishes the number and frequency of the attacks of cough, and often after the third week *it may be hoped that a most severe whooping-cough will be cured in a few days.*

ERGOT IN BLEEDING PILES.

Lansing says he (*Mouvement Médical*) has found ergotine suppositories, used night and morning, efficacious in this malady.

POISONING BY CITRINE OINTMENT AND SOLUTION OF ACID NITRATE OF MERCURY.

Antonio (*Nuova Liguria Medic.*) mentions two cases of mercurial stomatitis produced by citrine ointment, applied four times for itch, and a case of death after ulceration, caused by the solution in rose water, as ordered by Niemeyer.

GEOGRAPHICAL DISTRIBUTION OF PHTHISIS.

Lancereaux (*Le Courier Médical*) in a note on this subject, observes that it is rare in the polar regions, commonest in the temperate zone, where people are closely gathered together, and living under bad hygienic conditions. Inhabitants of elevated regions are little exposed to it, and it is not known among savages; it is common in low, damp, warm places. In the tropics it is often acute.

NITRATE OF AMYL IN RINGING OF THE EARS.

Michael, of Hamburg, (*Courier Médical*) reports he has found inhalations of two to five drops useful in this affection.

DELIVERY PREVENTED BY HYPERTROPHY OF THE FŒTAL KIDNEYS.

Matthews Duncan has described to the Obstetrical Society of Edinburgh a case in which the kidneys each weighed one pound, and were five inches in length. They were filled by cysts, apparently enlarged Malphigian corpuscles.

INHALATIONS OF AMMONIA PREVIOUS TO THE GIVING OF CHLOROFORM.

Occhini and Lupo (*La Clin. di Napoli and Courier Médical*) have used these inhalations, as they think, with advantage, to counteract the depressing effect of the chloroform.

INJECTIONS OF CHLOROFORM IN SCIATICA AND HERPES.

Besnier (*Gazette des Hôpitaux*) has used this means in sciatica, giving immediate relief. He used ten to eighteen minims. Collins has given it by deep injections of 30 to 40 drops, and Cerenville has used as much as 50 drops. No general effects were produced.—(*Le Courier Médical*). Doe (*Boston Med. and Surg. Journ.*) has found the same benefit from it in herpes. This treatment was first begun in America, and was reported on in The Doctor in 1875.

(The writer of the above used it in a case of severe tic which had lasted seven years, during the last year of which she had been constantly confined to bed. The relief given was immediate, and continued for about three months, during which the general health was much improved, so that the tic never returned with anything approaching its former fearful severity.)

CALOMEL IN DIPHTHERIA.

Dr. C. Reiter, in the *Canada Med. Record*, writes in favour of the free exhibition of calomel in full doses until the intestinal evacuations become green, gelatinous, and resemble the fresh-water polyps seen in water troughs. He has given as much as half-an-ounce before leaving it off, even to a child. He seems to think little of twenty grains for a first dose and 10 grains an hour or two after. Should prostration result, he says "you may rely on the fact that you have been mistaken in your diagnosis"! Not much comfort this to doctor or patient. Such logic will not revive the use of massive doses of calomel.

ANOTHER HEALTH RESORT.

Mr. S. C. Hall has been to Glengariffe, has been enchanted with its beauties, and strongly recommends it as a home substitute for Nice, Cannes, or Algiers. Those who are about to visit the Lakes of Killarney should get a copy of *Social Notes* for June 22 and read his lively description. They will then be sure to run over to Glengariffe and judge for themselves. It is thought that suitable accommodation for *winter* visitors will be forthcoming if a demand occurs. Now and in autumn there is no lack.

ACTION OF PURGATIVES.

Brieger, experimenting by Moreau's method, finds that in all cases secretion is increased. There is not only transudation of fluid, but the contents showed that the intestinal glands had acted freely. This applies to neutral salts and to drastics. The latter, in full doses, produce inflammation. All excite peristalsis. Simple laxatives—viz., senna, rhubarb, calomel, aloes, gamboge, and castor-oil seemed only to excite peristalsis without increasing secretion. The loops of intestine in which they were introduced by their active movements spread the drug all over the mucous membrane, and the aqueous part of an infusion of senna was removed.

MORPHIA AND ATROPIA.

The antagonism of these agents has been widely discussed, and is becoming more and more accepted by therapeutists. Still, some doubt lingers in the minds of many as to the fulness of the antagonism. Lately several paragraphs have appeared in reference to a case of opium-poisoning in which a toxic dose of atropia was injected and recovery took place. Some journals have strongly recommended this bold practice. We deprecate it. There is no need to run such risk, and the case in question cannot be fairly interpreted as sanctioning the treatment. True, the patient recovered from both poisons, and so the case seems at first sight successful; but many persons have recovered after larger quantities of laudanum without treatment, though we doubt if the same may be said as to the counter-poison. All experiments teach us that only small doses of atropia should be used for this purpose, so small that they can be repeated, and we feel sure the safer plan will receive the sanction of most practitioners. Heubach found 1-60th to 1-30th gr. of atropia sufficient. The effect of the injection is almost immediate, and can be watched. It can be repeated when it fails. Why, then, resort to a dose which may itself close the patient's career?

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TOPICS OF THE TIME.

LAPARO-ELYTROTOMY—A SUBSTITUTE FOR CÆSARIAN SECTION.

The disheartening results obtained even by the most distinguished operators in endeavouring to effect delivery where great disparity exists between the size of the fœtus and that of the genital canal of the mother has always been a source of anxiety to thoughtful surgeons. Dr. T. Gaillard Thomas, of New York, has revived an interest in an obsolete operation — laparo-elytrotomy, as a substitute for Cæsarian section, and the thanks of the public in whose interest he is acting is due to him for doing so. Indeed to him is due much more than the credit of merely reviving a forgotten mode of procedure, for the operation seems to have been but little known and less tried before 1870. Jörg seems to have been the first to suggest this operation, but there is no record of his having ever performed it. Kilian alludes to one fatal case operated on by Ritden, and though Baudelocque, Physik (of Philadelphia), Velpeau, and others allude to it, apparently no other case is recorded until Dr. Thomas's in 1870, unless one of Baudelocque's, begun, but completed by Cæsarian section, be regarded as one. However, Dr. Thomas modestly disclaims the assertion that the operation was first performed by himself, merely stating that after such researches as he could make into the history of the subject, he has been unable to find any case previous to his own. He had the subject in his mind for many years, and had several times performed the operation on the cadaver before the opportunity occurred for his first operation on a living subject, in 1870. The patient was dying of pneumonia, "almost entirely pulseless, cyanosed, breathing with loud laryngeal rattle, and almost entirely unconscious."

Partial anæsthesia (by means of ether) was induced to calm restlessness, and then the os was dilated by the hand passed into the vagina. An incision was then made through the abdominal muscles, extending from the spine of the pubes to the anterior superior spinous process of the ilium. The wound was then dilated by the finger, the peritoneum carefully lifted aside, and the vagino-uterine junction was at once reached. This was divided, and by means of a blunt hook the cervix was drawn into the right iliac fossa, while the fundus was depressed in the opposite direction. Two fingers were then introduced into the uterus (through the opening in the iliac fossa), the fœtal knee seized, and delivery effected easily and rapidly. The child (seventh month), which was alive, but hare-lipped and otherwise badly developed, lived some hours. Subsequent to this case Dr. A. J. C. Skene, of Brooklyn, performed laparo-elytrotomy three times, the case being fully reported by Dr. Thomas, with most satisfactory results. The total number of cases, so far reported, is five; of the five children four were delivered alive, the fifth having been killed by perforation prior to laparo-elytrotomy being undertaken. One of the deceased mothers, as stated, was moribund at the time of the operation, which was performed entirely in the interest of the child (Dr. Thomas's case); the other (Dr. Skene's patient) was also at the point of death, the child's head having been perforated with the object of extracting by the vagina. Certainly nothing approaching to these results have ever been attained by Cæsarian section, which cannot but be regarded as a terribly dangerous operation performed with a salutary intention. Even when the child is deliberately slain, a most offensive proceeding, to diminish the mother's danger, the results to the mother are hardly such as to compensate for the destruction of the child.

Statistics of capital operations are notoriously unreliable, especially in such cases as Cæsarian section. This operation in many cases is performed at the patient's house, and in a very private manner. The veil of privacy is rarely lifted unless the case turn out a success, so that it is certain that even the known high rate of mortality from Cæsarian section falls short of the actual facts. Dr. Thomas states that from 1621 till 1878 only one successful Cæsarian operation has occurred in New York and its suburbs! What wonder, then, that he should be anxious to introduce to the profession an operation which bids fair to prove most salutary in lieu of one which has been most deadly! The difficulty of performing laparo-elytrotomy is much less than craniotomy or embryotomy in cases of very contracted pelvis, and the dangers to be incurred are much less. Hæmorrhage, which is the greatest risk to be feared, did not occur in any of the cases recorded by Dr. Thomas. In fine, it may be stated that laparo-elytrotomy has during its very earliest stage, when every step in its performance was an experiment, been attended by a far greater success than has been achieved in Cæsarian section during centuries, even adopting the most favourable statistics. Four operations were performed upon women whose children were living when they were undertaken; in the fifth case the child had been previously perforated, and was surely dead. Four children were delivered alive and uninjured. Of the five mothers three survived and are in good health; one of the others was in *articulo mortis* at the operation, the other very bad. With such a history laparo-elytrotomy comes well recommended, and no doubt will promptly be recognised as not only a justifiable operation, but as the only operation, unless in cases where some very decided contra-indications exist. The introduction of the operation is a triumph of which the medical profession in America may be proud.

Thos. Whiteside Hime, B.A., M.B.

Sheffield.

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Since sending the above to press, I have had an opportunity of performing the operation myself. The results, though not all that could have been desired, were such as to make me feel confident that Cæsarian taction will rarely be performed in the future, and the laparo-elytrotomy will be adopted in its stead. The case will shortly be published.

T. W. H.

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ON THE VALUE OF ANTISEPTIC TREATMENT OF PENETRATING GUN-SHOT WOUNDS OF THE KNEE.

Dr. C. R. Reyher, of Dorpat, Consulting Surgeon with the Army of the Caucasus, during the late war has published in the *St. Petersburgher Medicinische Wochenschrift*, March 9, 1878, an account of the cases under his care in the campaign.

"Gun-shot wounds of the lower extremities have at all times excited the greatest interest; in former campaigns, because the surgeon sought to discover the causes of their remarkable danger to life, and in more recent campaigns because the brilliant results of conservative surgery applied to the treatment of wounds of the upper extremity, demanded the testing of the same method in the lower extremity. After von Langenbeck had discovered, in the Austrian war of 1866, to how great an extent conservative surgery was applicable even in gun-shot wounds of the knee, and how favourable were the results, the interest of surgeons in the treatment of these cases has been more especially excited. On this account it is proposed to report briefly on the gun-shot wounds of the knee healed by me in the recent war in Asia."

Of a total of 81 cases of wounded knee, there were 28 in which the bullet was driven into the parts.

Eighteen cases were treated from the onset by the antiseptic method—"primary antiseptic treatment." The mortality of these was 16·6 per cent.

In none of the eighteen treated was either primary or secondary amputation performed. The fifteen who recovered, not only recovered without loss of limb, *but they also recovered motion in the joint.* Of the three deaths, one was caused by hæmorrhage from wounded popliteal artery and vein, one from lung disease (*Fettembolie*, fatty degeneration of lung capillaries) two days after being wounded, and one from tuberculous suppuration (of the knee?), hectic, uncontrollable diarrhœa.

Forty cases were *at the outset* treated without any regard to antiseptic principles, *i.e.*, they were explored without antiseptic precautions, without cleansing of wound by antiseptic washes or injections, without antiseptic bandages or dressings; *subsequently*, they were subjected to antiseptic treatment—"secondary antiseptic treatment." The mortality in this group of cases was 85 per cent. *Intermediary* amputation was performed in nine of these, of whom seven died. *Secondary amputation* was performed in twelve cases, of which nine died. One only of a total of 40 cases treated by partial use of antiseptics recovered with the limb saved, that limb remaining ankylosed.

The 34 deaths were caused: 10 by "septic inflammation," 12 by "metastatic embolic pyæmia," 4 by "peracute diffuse suppurative arthro-meningitis," 7 by tuberculous suppuration, hectic, 1 by carbolic acid poisoning. (The author does not state whether this poisoning was through absorption at the exposed surfaces.)

Twenty-three cases were at no stage treated antiseptically. Of these 13 underwent secondary amputation. Of the total 23 cases, 22 died, showing a mortality of 96 per cent. of those treated entirely without antiseptics. The causes of death investigated necroscopically, were: 3 from septic inflammation, 7 metastatic embolic pyæmia, 5 tuberculous suppuration (of the knee, it is presumed), hectic, 1 dysentery, 1 tetanus, 1 cause unknown autopsy having been neglected.

Dr. Reyher avoided unnecessary internal exploration of the wound, employed splints to prevent movement of the joint, extracted loose and foreign bodies, and the projectile. This, in one of the cases, had broken the patella into three pieces, and had lodged itself in the tibia. In another case it had broken off and displaced the external condyle of the femur. In four cases the projectile had traversed the joint. The disinfecting agent consisted of solution of carbolic acid, 2½ to 5 per cent. The mode of employing this solution is worthy of mention. He used a common glyster syringe, drove the fluid with the utmost pressure into the cavity of the joint, so that all its recesses might be filled, and assured and completed this washing out of all internal parts by closing the external openings, and whilst keeping the cavity full of the solution, made flexion and extension movements of the limb; in fact, carried out "pump movements of the joint."

"Drainage tubes were employed, sharp edges of bone and projecting pieces which interfered with the laying of the tubes were removed by the gouge or chisel and mallet. Enlarging the external wound was scrupulously avoided.

"The smaller the external wound the more thoroughly the cavity can be washed out."

"Important practical experiences as to the mode of effecting drainage from the anatomically complicated formation of the knee-joint are given." The removal of secretion from the supra-patellar bursa and the anterior chamber of the joint is easy enough. Any lateral incision of sufficient size to admit the drain tube answers the purpose. The chief difficulty consists in the drainage of the posterior chamber, the accomplishment of which is so much the more important as pus so readily stagnates in this part. On account of the popliteal blood-vessels, drainage from behind is out of the question. Recourse must be had to lateral incision on both sides of the articulation by semi-circular cuts 5-6 ctm. long, following the direction of the condyles carried directly into the joint. By this means the posterior chamber is laid open on both sides without injury to the muscles. But, as even in the flexed position of the limb the drainage tube cannot be carried into the chamber, it was necessary to remove with chisel and mallet enough bone from the posterior convexity of both condyles, so that each condyle might receive a tube into a small transverse gutter. Of five cases thus operated only one survived; he recovered with a useful limb.

It was necessary to fall back upon lateral incision into the joint on the peroneal side with lateral position of the limb, afterwards placing the limb in a slightly flexed wooden splint, giving up the desire of securing a fully extended limb. The result of this more simple and effectual means of discharging the contents of the joint, was not more favourable than in the cases relieved by chisel and mallet. The author remarks that in the worst class of knee gun-shot wounds the mortality during the wars of the last ten years has fluctuated between 58 and 83 per cent. He concludes by the observation that surgeons must either have earlier and more frequent recourse to amputation, or discover some better means of conducting the suppurative processes within the knee-joint. It is evident that the more severe forms of shattered knee-joints from gun-shot wounds are, despite Listerism, as dangerous to life as ever; a laudable confidence in antiseptic treatment, the natural result of its success in the less complicated injuries, may have led in the recent campaign in Asia to attempts to save limbs which in former campaigns would have been removed as early as practicable by amputation, and in so far an undue confidence in antisepticism may have done harm. In judging, however, of the results of any treatment of these serious injuries, we have to take into account many circumstances which tend to render nugatory the humanity, the science, and the experience, of the surgeon. It would be interesting to the pathologist and therapeutist to know to what extent the efforts of the surgeon are more successful at the beginning of a campaign than towards the end, when, as in the Crimea, the constitutions of the men have been exposed to over-fatigue, inclemency of the seasons, insufficient and unsuitable diet, scurvy, depressing influences as to the prospects of the war, home-sickness, and the like. We should like to know the average age of the recovered and and fatal cases, the proportion of seasoned to unseasoned soldiers; for it is probable that at one period of a campaign, when the weakest constitutious have been eliminated, the mortality from severe injuries might be proportionately diminished, or the tendency to evil later in the campaign, be equilibrated by their removal. At all periods of history the bulk of the fighting men have been very young, perhaps never more so than at the present time, when the Continental system of conscription and limited service with the colours prevail. We consider it to be incontestable that owing to the yet immature condition of the articular structures in the young, their joints are less tolerant of injury, a considerable proportion of young adults, strong in muscle, active, and apparently robust, possess joint-tissues prone to take on suppurative action when injured, whatever principles of surgery may be practically applied.

These considerations prompt us to remark that experimental conservative surgery in the lower extremity, in its desire to save limbs in case of severe complicated injuries of the knee-joint, should look to the constitution of the individual as far as this can be done during the pressure of events in warfare, and perhaps afford the sufferer a better chance when having to repair the smaller bony injury effected by amputation in the comparatively compact shaft of a long bone, than by having to repair a much larger injury of bony tissue of the articular ends of bones and of joint surface, both being particularly prone to suppuration. We have not the statistical figures before us, but assuming that the average of amputated thigh exhibits 50 per cent. of failures, there is a wide margin of hoped-for success against the 80 and 90 per cent. of deaths from the severest gun-shot wounds of the knee. Dr. Reyher's success with antiseptic treatment thoroughly carried out, would lead us to expect, if Lister's views of the efficacy of antiseptics in preventing suppuration be correct, that it ought to be as successful in the management of an amputated surface as of a joint wound. We need statistics of primary amputations of thigh in the severer knee injuries during the late war to enable us to judge.

Dr. Reyher has appended tables in which the total 81 cases are grouped according to the precise degree of injury of particular parts of the knee, the capsular ligament, the patella, the condyles, and combined injury of the whole of these parts. These tables clearly show that even in the severest class of cases—those needing, in fact, the discovery of some means of diminishing the frightful mortality of gun-shot wounds of the knee—Lister's antiseptic treatment stands out pre-eminently as the means of having saved many lives. Thus four cases in which the projectile was driven into the joint, and which were throughout treated antiseptically, all recovered, whilst of fifteen similar cases treated by secondary antiseptic treatment, only one recovered, which shows a mortality of about 93 per cent.; and of nine cases treated without antiseptics at any stage, the whole died, a mortality which Dr. Reyher represents as 100 per cent., the idea of doing which would excite a smile were it not in relation to so grim a subject. It would have added to our means of correctly judging as to the comparative value of primary and secondary Listerism as against non-Listerism, if Dr. Reyher could have informed us how soon after the receipt of the injury the respective modes of treatment were commenced.

Elsewhere (page 163), when treating of spinal abscesses, grave doubts have been expressed as to the value of Listerism in the generality of those cases, but in relation to gun-shot wounds of the knee, these comparative results of antiseptic surgery in Dr. Reyher's hands are as surprising as they are gratifying. Dr. Reyher is well and personally known to many in this country, is looked up to by his surgical colleagues in Germany and Russia as a man of the highest honour and veracity, as well as skill. It must be admitted by all that this recent contribution of surgical triumphs effected by the aid of antisepticism, achieved amidst the lamentable sanitary condition of the sick and wounded of the Asiatic portion of the Russo-Turkish war, is a splendid page in the progress of our art, due to the genius of Lister, and the zeal and perseverance with which Lister's method has been pursued by one of the foremost surgeons of Northern Europe.

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FŒTAL THERAPEUTICS.

The effect on the fœtus of drugs administered to pregnant women, has long been a source of interesting speculation. Experiments have been made with a view of settling the questions involved, and the facts have frequently been subjected to discussion. Last year, Dr. Salvatore Caro, brought the question before the New York Academy, and he has again recently introduced it to the same body. In our last vol., p, 152, another contribution to the subject is epitomised. At the Geneva Congress the employment of anæsthetics during labour, which is closely allied, was also rather freely discussed. M. Burdel has reported on the effect of quinine on the fœtus. It is therefore well to give some account of those papers.

In Dr. Caro's paper at the New York Academy of Medicine, on May 2, 1878, the following question was discussed: Are medicines, particularly narcotics, deleterious to the fœtus when administered to the mother during gestation and parturition? He considered the anatomical relations between the maternal and the fœtal circulation, the method by which oxygenation of the blood in the fœtus was performed, and the reasons why such drugs as salines and ethereal substances affected the fœtus, while the fœtus remained unaffected by woorara, opium, &c., when administered to the mother. He then reviewed the indications for the use of opium during gestation and parturition. and its method of action upon the mother. With reference to the maternal and the fœtal circulation, Dr. Caro reached the conclusion that there was no direct communication between the blood-vessels of the mother and those of the fœtus, and that the blood of the one was always separated from the blood of the other. The proper oxygenation of the blood was obtained by the diffusion of gases through the delicate membranous septum which prevented the mingling of the blood of the fœtus with that of the mother.

Dr. Caro then made an elaborate study of the weight of the fœtus at different periods in gestation, the average quantity of blood possessed by the mother, and the quantity of morphine solution that would be present in the blood of the fœtus, admitting that its substantial alimentation came from the blood of the mother, and reached the conclusion that only so trifling a quantity could be present that it would be incapable of producing any deleterious effect.

With reference to the use of opium in parturition, the chief indication was to relieve annoying pain and overcome rigidity of the os uteri. Its primary action was upon the nervous system of the mother; its direct action was expended there, and Dr. Caro was unable to understand how the nervous system of the mother could influence the nervous system of the fœtus. Special reference was made to cases reported by Drs. Gillette, Matthewson, Thomas, Mundé, Barker, of Morristown, N. J., and others. He could not tell, if the drug administered to the mother during parturition produced deleterious effects upon the child, how was it that in one man's hands it had always been used with impunity, while in the hands of others it had always been followed by injurious effects upon the child?

Dr. J. C. Dalton remarked that the practical bearings of the paper were very evident, and in it also there had been raised interesting physiological questions. Did a drug, especially morphine, administered to the mother during pregnancy, also affect the fœtus? With regard to the *modus operandi* of this communication, if it did not exist, full mention had already been made by the author of the paper; and although there was a delicate, transparent membrane between the blood of the mother, and the blood of the child, at the same time there was a wide door open for the drug to enter the fœtal circulation. The direct passage of blood from mother to fœtus was not necessary in order to permit the transmission of material from the mother to the child. When it was recollected that everything which the fœtus had, with the exception of the minute egg from which he started, was material that came from the maternal blood, it must be acknowledged that there was no *a priori* impossibility with regard to the passage of the drug from the mother to the child; certainly we were not able to say that it was impossible for morphine, administered to the mother, to enter the fœtal circulation. At the same time, it was well to bear in mind that we could not say that it did pass from one circulation to the other. Although morphine was absorbed into the circulation and carried into the brain and absorbed into the substance of the brain, it was not certain that it passed out from the maternal vessels into those of the fœtus. For it had been proven that some substances passed into and out of certain sets of blood-vessels, and yet did not pass into and out of others. For example, potassium iodide passed out of the system by the saliva, while potassium ferrocyanide never passed out through the salivary vessels, yet both substances passed out through the kidneys.

Another question suggested itself: Was it necessary for the morphine to pass bodily from the maternal blood to the fœtal blood in order to produce an effect upon the fœtus? Might not an effect be produced upon the fœtus in consequence of an effect produced upon the nervous system of the mother without the morphine having any direct part in the operation? Dr. Dalton believed that we had arrived at a point where we could not deny the possibility of such an effect. There were well authenticated cases in which simple nervous impressions produced upon the mother had produced an effect upon the fœtus. How that effect was produced had not been explained, but there was an almost universal adhesion to the opinion that purely nervous disturbances of the pregnant woman might produce an impression in the body of the fœtus. Whether it was done by continuity of nerve-filament from the mother to the fœtus, or whether it was all accomplished by the influence of the vaso-motor nerves, Dr. Dalton was unable to say. It was well known that a nervous impression upon the mother increased the heart's action, and certainly we could not be surprised that it might produce a variation in the circulation of the maternal portion of the placenta, and if that disturbance was well marked and continuous it must have an effect upon the nutrition of the fœtus. It was also well established that the modification of the nutrition of the fœtus produced by a nervous impression made upon the mother might be very local in character. Recollecting those cases, it might be well to bear in mind the question, might not a drug administered to the mother during pregnancy produce an effect upon the fœtus indirectly, and not alone by the transportation of the drug into the fœtal circulation? Dr. Dalton did not think we were in a condition to say that opium administered to the pregnant woman in poisonous doses, or as taken by the opium-eater, was injurious to the fœtus. In ordinary practice morphine was given for certain reasons. Now, suppose that the pregnant woman was suffering from some condition which demanded morphine, it was doubtless advisable to give the morphine and avoid something worse, rather than withhold it through fear of injuring the fœtus and expose both mother and child to more serious consequences.

Dr. Isaac E. Taylor remarked that in studying the cases reported by Dr. Gillette, he had been impressed with the fact that a very small quantity of opium was used, that the effect upon the nervous system of the mother was very rapid, and that the appearance of the child was strikingly like what he had seen in children who were sacrificed by well known causes, and not by the use of opium. With reference to the anatomical structure of the placenta, he had supposed there was no reason, if there was absorption, why the drugs might not pass through the delicate separating membrane and enter the circulation of the child. But there was no authority save one, who had shown that the urine contained morphine. Dr. Taylor was not prepared to reject the cases reported by Dr. Gillette, in which it was thought morphine exercised deleterious effects upon the child, but we did know of effects produced upon the fœtus by nervous shock communicated to the mother, as had been suggested by Dr. Dalton. Dr. Taylor then related a case in which a sudden impression made upon the nervous system of the mother was followed by the death of the child, and yet the placental murmur continued for some time afterwards. Dr. Taylor further referred to a case in which the child presented in the posterior occipital position, was still-born, and presented the same appearance as in the cases reported, in which the life of the child was thought to have been sacrificed by the administration of opium to the mother. Dr. Taylor was unable to determine how true narcosis could be produced in so short a time as had been reported in some of the cases. In settling this question, the effect produced upon the child by tedious labour and by position, should be taken into careful consideration.

Dr. Corson remarked that although it should be remembered the young child was exceedingly sensitive to very minute doses of opium, it was quite probable there was not the same liability to poison a fœtus. The immense value of opium in obstetric practice would prevent us from materially modifying our practice, even in the face of the facts presented by those who believed there was danger of producing deleterious effects upon the child. In his own practice he had never hesitated in urgent cases to use opiates freely to lessen the agonies of protracted labour, and he had not noticed any perceptible subsequent ill effects in the children thus born.

Dr. Mundé granted, as claimed by Dr. Caro, that opium administered to the mother *by the mouth* was absorbed and entered her circulation without affecting the fœtus. But Dr. Caro had overlooked one point, and that was, the effect produced upon the fœtus by the hypodermic use of morphine upon the mother. In all the cases which Dr. Caro had reported the morphine had been administered by the mouth, and it was claimed by those who argued upon the opposite side of the question, that the *rapid absorption* of the drug, such as took place after its use hypodermically, no matter in what manner it might act, whether through the circulation of the fœtus or the nervous system of the mother, affected the fœtus more rapidly, consequently more deleteriously. The practical question, therefore, was, could we continue the hypodermic use of morphine, as had been done, without exposing the fœtus to the injurious influence of the drug? Dr. Mundé was of the opinion that we could, but his belief did not change the importance of the question, and he thought it was one upon which Dr. Caro had not been sufficiently explicit.

Dr. Sell referred to gelseminium as a substitute for opium in the treatment of rigid os uteri. He recommended it in the form of concentrated tincture, and in doses of from five to eight drops.

Dr. Caro, in reply, stated that the questions raised by Drs. Dalton, Taylor, and Mundé, had been considered and already embodied in his paper, but that the length of the paper had prevented him from directing especial attention to them. With reference to the use of morphine hypodermically, and by the mouth, he always employed the latter method when possible, because he believed that the effect produced by the drug could be better regulated than when used hypodermically. The evidence which he had obtained from his professional brethren regarding the influence of morphine upon the fœtus, when administered to the mother during parturition, had come from all parts of the country. All the reports had been with reference to its *hypodermic use*, and no deleterious effect had been realised.

HOW SULPHATE OF QUININE AFFECTS THE FŒTUS AND NEW-BORN CHILD.

M. Burdel has lately maintained in the *Annales de Gynaécologie*, that when a pregnant woman, no matter what be the term of the pregnancy, is attacked with intermittent fever, she is liable to abort seven times out of ten, unless she is treated with quinine. As to the view that this drug will itself cause abortion, or is an oxytocic, M. Burdel reports several cases, which demonstrate that enormous doses of it can be taken without injury to the embryo, and without shortening the course of the pregnancy.

M. Burdel denies that malarial fever can be transmitted to the fœtus in utero, or to the nursing infant through the milk of the nurse. He has never known known infants to suffer from fever or other malarial symptoms before the fourth month. He has, on the contrary, frequently observed infants fed entirely on the mother's milk to remain fresh and rosy, although the mothers themselves were devoured by fever and reduced to a state of profound anæmia; but this immunity does not persist after the process of dentition begins.

M. Burdel has devoted an important portion of his paper to the study of the action on the new-born child, of the milk of a woman who is taking sulphate of quinine. Nothing is more variable and inconstant than the transmission of medicines, and of quinine in particular, by means of lactation.

He has known children to be fatally poisoned by the milk of women who had been brought under the influence of this drug. He has deduced from his observations a certain number of facts, on which rules for the administration of quinine may be based. Thus he found that the drug was absorbed more rapidly, and was contained in larger quantities in the milk when it was given on an empty stomach; on the contrary, when administered with the food, it appeared in the milk less rapidly and in smaller quantities, and was consequently less toxic. As the infants advance in age they become less susceptible to the influence of the quinine in the milk, and after they attain the age of five or six months, cases of poisoning rarely occur. When it becomes necessary to administer quinine soon after delivery, its injurious effects on the child may be prevented by giving it with the meals or with some food, and by emptying the mother's breast with the pump three hours after the dose. With these precautions the infant may be nursed while the mother is taking quinine.

THE EMPLOYMENT OF ANÆSTHETICS DURING LABOUR.

Is so closely connected with the subject in hand that we must add a few words respecting it. At the International Medical Congress held at Geneva in September last, M. Piachaud read a report, in which he enunciated these conclusions:—

1. The use of anæsthetics should be advised in a general way in natural labour. 2. The principal anæsthetics employed up to the present time are—ether, chloroform, amyline, laudanum, morphine by hypodermic injection, and chloral by the mouth and rectum. 3. Chloroform appears to be the one preferred. 4. It should be administered according to the method of Snow—that is to say, in small doses at the beginning of each pain, and stopped as soon as the pain has passed. 5. Its action should never be pushed to complete insensibility, or indeed confined to semi-anæsthesia; or, in other words, far enough to relieve the suffering. 6. The general rule is not to administer chloroform except during the period of expulsion; however, in certain cases of extreme nervousness and agitation it is advantageous not to await the complete dilatation of the neck to employ anæsthetics. 7. Experiments have demonstrated that anæsthetics neither suspend the uterine contractions nor those of the abdominal muscles, and that they weaken the natural resistance of the perineal muscles. 3. The use of anæsthetics has no unpleasant effects on the health of either mother or child. 9. In more or less affording relief, anæsthetics render a great service to women who dread the suffering: they diminish the chances of nervous paroxysms caused during labour by the excess of pain;

and finally, they hasten the process of labour itself. 10. Anæsthetics are especially useful in calming the extreme agitation and cerebral excitement often produced by labour among very nervous women. 11. Their use is indicated in cases of natural labour where progress is suspended or retarded by suffering caused by old diseases, or diseases supervening during labour; and in cases where irregular and partial contractions occasion an internal and almost continual distress without contributing to the progress of labour. 12. In natural labour chloroform should be employed only with the consent of the patient and her family.

M. Courty, in the discussion which followed, said that the French school had shown too much timidity in the use of chloroform in obstetrics, and thereby left their patients exposed to numerous accidents. Dubois rejected chloroform in general, but admitted its use when the pains were abnormal, and required other sedative means, or the intervention of the surgeon. Since that time the subject has not advanced a step in France. M. Courty strongly recommended the use of anæsthetics in labour. Chloroform is not indicated in perfectly normal cases, but only when the pains are very strong and irregular, or when patients beg for it. Chloroform alleviates the pains very greatly, semi-narcosis being sufficient to render them perfectly endurable. It overcomes the perineal resistance, so that the whole force of the uterus is utilised in expulsion. It diminishes the duration of labour about one-half, and consequently reduces the injuries to a like degree. It is much rarer that uterine inactivity is the result. Chloroform has the advantage of chloral and ergot combined, and M. Courty preferred it to ether.

M. Forget considered the directions given by M. Courty as too positive, and asked if we are justified in neglecting the question, thus far involved, of the condition of the child during the maternal sleep—are we in a condition to ignore completely the question of its life or death?

Dr. Lusk, of New York, before the American Gynæcological Society, recently offered conclusions which differ little from those presented by M. Piachaud, and which, therefore, we need not quote.

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INDEPENDENT DEPARTMENT.

THE OPENING OF SPINAL ABSCESSES.

By W. J. LITTLE, M.D.,
Late Physician to the London Hospital.

To judge by the sayings of the extreme advocates of Lister's system of antiseptic treatment of wounds and abscesses, it would appear to be considered a grievous error not to apply the method to every such solution of continuity. We must acknowledge that we have witnessed in Lister's practice at Edinburgh sufficient proofs of the striking influence of his method of applying antiseptics in reducing inflammation and suppuration to a minimum, and, indeed, in at once substituting for those processes a very reduced flow of sero-sanguineous fluid and a dried-up scabbing of the surface, followed, as we were assured, by very early entire cicatrisation. Yet we were also assured, whilst at Edinburgh, that other surgeons, practising in the same "infirmary" as Lister, obtained equally favourable results without employing any special antiseptic dressings. What the outside practitioner requires to have presented to him for his guidance is an enumeration of all the cases treated antiseptically in a given hospital, a summary description of them and of their results—favourable or unfavourable, as the case may be—compared with a similar series of cases treated without antiseptics by other surgeons in the same hospital—cases having had the advantage of the stimulus to extreme cleanliness which Lister's writings have given to surgery. In a paper in Langenbeck's *Archiv.*(a) the desideratum just mentioned is not wholly fulfilled, but we have a very important half of what is required to enable an outsider to judge of the relative advantages or disadvantages of Listerism, as our German friends gratefully designate antisepticism, furnished from the practice of Dr. Esmarch, a warm espouser, on the whole, of Lister's views.

During the last two or three years we have been startled by the statement that in vertebral disease—dorsal, lumbar, psoas, and anterior and posterior femoral, and even popliteal abscesses, thus denominated according to the situation where they present—were robbed of the terrors with which they were formerly invested, by being opened antiseptically, and by the cavities being washed out once, or oftener, with carbolic acid solution, drainage tubes and counter-openings being sometimes inserted in addition. We remember the time when the opening of a psoa abscess was, owing to the fatality of such cases, regarded as almost the death warrant of the patient. For many years afterwards, having large opportunities of watching the natural history of vertebral disease in its occult and chronic forms, we became convinced that to delay by every means the opening of such abscesses was infinitely preferable to acting on the surgical axiom too commonly recognised by the then greatest surgical authorities, that of searching for and liberating pus immediately, wherever it is met with. We had gradually discovered, from bedside and *post-mortem* experience, that the fatality of psoas abscess is due mainly to the fact that the trough of the abscesses in cases having a fatal tendency extends from the carious vertebræ bathed in pus at its upper part, to the point often many inches lower down where the abscess presents itself, and that when the abscess may be said to have been prematurely opened has been when a direct communication has been established by the operation, between the vertebræ and the contiguous important structures, nerves, large blood-vessels, serous membranes, the intestine, urinary bladder, and uterus on the one hand, and the exterior on the other hand. The experience afforded by favouring absorption of abscesses through the influence of rest, ice-bags and other applications, and sometimes by leaving them to maturate spontaneously, when, as a rule, no urgent necessity for evacuation—such as for the relief of pain—existed, led to the conclusion that it is wise to leave spinal abscesses unopened as long as practicable.

(a) Esmarch's Surgical Clinique at Kiel University. Aus v. Langenbeck's "Archiv." Band xxi,, Heft 3. By Dr. Heinrich Waitz.

When through the operation of entire rest in the horizontal position, and suitable hygienic, dietetic, and supporting treatment, the abscess, although present for months, has slowly approached the surface, or increased in size, the pain, weakness, peripheric abnormal sensations, or even paralysis, meanwhile disappearing, we could indulge the hope that during the delayed progress of the abscess to the surface time was being afforded for the healing process at the upper extremity of the trough of the abscess to be so far completed that the abscess below no longer in communication directly, indirectly, or circuitously with the vertebræ, and might be expected to discharge itself, or be opened when it was actually pointing, without danger. Before the introduction of Listerism, it was often found in such delayed cases of lumbar abscess that the period of evacuation was followed by no aggravation of the constitutional symptoms, such as increased hectic, diarrhœal tendency, and marasmus, but, on the contrary, by healing of the abscess in a few weeks, and recovery from the spinal disease, the remaining spinal deformity being proportioned to the number of vertebræ affected and to the particular seat of the affection—upper dorsal, lower dorsal, upper lumbar, or lumbo-sacral.

We are not prepared to deny when a lumbar abscess has been prematurely opened—intentionally or otherwise—and we wish to be understood as designating premature opening to be that in which it is certain or probable that the abscess which is approaching the surface is at its point of origin still in communication with the carious vertebræ—that good may not arise from washing out the diseased parts with carbolic or other antiseptic solutions. But analogy and abundant experience show that it is in every way preferable to avoid, if possible, the exposing carious vertebraæ to immediate contact with external influences. At this point of our observations we submit for consideration whether it is not at least probable, if not certain, that in the reported cases of successful opening of lumbar abscesses by the Listerian method, there have been many instances in which the abscess had healed in the vicinity of the vertebræ *pari passu* with its descent towards the exterior, and that the case would have done as well, or perhaps better, if left more to Nature without Listerism, as with its employment.

Now, in Esmarch's Annual Report of all cases admitted into his klinik during 1875, we find four cases of caries of the vertebræ, with extensive abscesses and operative opening of the same, of which two died, and two were discharged with still discharging fistulæ.

The first was a man aged 38, affected seven years with lumbar vertebral disease, presenting an enormous abscess over the whole of the internal aspect of the thigh; after being evacuated three times under the vacuum system 1,500 cubic centimetres of pus were discharged. Subsequently Listerism was resorted to; an opening on either side of the limb having been made, cicatrisation followed an antiseptic course, and the case resulted in "a triumph of Lister's treatment." The above portion of the treatment occupied three months in hospital. The patient then spent six weeks out of bed, at the end of which time an abscess formed in the left lumbar region, which three months later was opened with antiseptic precautions, 2,000 cubic centimetres of matter having been discharged, marasmus speedily followed, and after one month from the last operation "*exitus letalis*." The autopsy displayed caries of the articular surfaces between the second and third lumbar vertebræ, pneumonic infiltration, and acute parenchymatous nephritis. Our study of this interesting case leads us to the inference that the success of the first Listerian treatment was due to the abscess not having been then in communication with the focus of the disease (the vertebræ), and that the relapse was probably due to the patient having been allowed to walk about before the reparation of the vertebral disease was consolidated. The reader will note the long duration of the vertebral disease, viz., seven years, before the enormous suppuration was established.

The second case was that of a strumous lad 17 years old, who was admitted with an abscess over the right buttock as large as a child's head. The swelling had formed in two months. Lister's treatment was followed, 800 centimetres of pus discharged. The patient died within seven weeks. The autopsy displayed caries of the lowest dorsal and of the three upper lumbar vertebræ. We are not informed how long the disease had lasted. It was probably comparatively recent, and therefore not favourable for the success of antiseptic or any other operative interference, unless it can be proved that carbolic or any other wash, when applied to strumous carious vertebræ, can arrest and cure such disease.

The third case, a strumous boy aged 12 years, kyphosis in the third and fourth lumbar vertebræ; abscess as large as a child's head in the left groin, the contents of which were evacuated; two months later he was dismissed with the fistula discharging freely, and with little prospect of recovery. It has not been possible to ascertain whether he has since died.

I venture upon only one remark in reference to this case, namely, that there is no evidence to show that it might not have been at least as well, if the abscess were not about to discharge itself, to have left it to Nature untouched.

The fourth case, that of a young man aged 19, presenting a hemispherical swelling on the left side of the vertebral column; a swelling was said to have existed ten years, though recently its size had much increased, and apparently pointing outwardly. A month after admission it was opened, and 1,400 cubic centimetres of pus evacuated. Lister's bandage was applied after much suppuration, which continued for nearly three months, and resort to the prone position during half of the time. Healing took place with the exception of a small fistula. "Discharged."

In this case the evidence of the very long existence of the disease renders it probable that the abscess, when opened, had ceased to communicate with the carious vertebræ, hence the favourable termination without injection of antiseptic agents or the employment of drainage tubes.

The following *résumé* by Esmarch coincides with our conclusions as to the little efficacy of Listerism in checking carious disease of the vertebræ, and confirms the views we have long since taught as to the difference in the results obtained when spinal abscesses are discharged by Nature's means after the continuity of the abscess with the vertebræ has been cut off by healing of the caries from which it sprang. (*a*)

"It is readily perceived from these four cases, that the results of the new treatment of the wound resulting from the surgical opening of cold abscesses—'congestions abscesse'—is by no means brilliant. Lister himself states that the result of the treatment of abscesses is most gratifying; that he has constantly found the discharge become very slight in a few days' time, and goes so far as to express the anticipation that even caries, after evacuation of the matter under antiseptic precautions, may be arrested, and even cured. If later on, reference is again made to the treatment of cold abscesses, in which no disease of bone existed, and which in every case perfectly healed, it will be shown that as regards these, the brilliant results of Lister's treatment of wounds can be thoroughly confirmed. But as regards the healing of abscesses in cases in which caries still exists, whether it be of the vertebræ or of the bones of the sternum, ribs, &c., our cases lend unhappily no support to Lister's treatment. Inasmuch as in the first of these four cases, we succeeded in healing an enormous abscess of the thigh, we felt encouraged to make further trials of it. Doubtless, we are indebted for the splendid result of this case to the circumstance *that the caries of the vertebræ was already healed.* Subsequently, after a relapse of the bone disease—caries—had taken place, we were unable, when we opened the fresh abscess, to master the new difficulty. The patient sank from marasmus."

We have ventured upon the remarks which preface the extract made from our friend Esmarch's communication. Esmarch has set us an example which might with advantage be always followed—that of publishing the whole of his cases occurring within a given period at a given hospital, side by side, whether favourable or unfavourable.

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SPECIAL DEPARTMENT.

REPORT ON DERMATOLOGY AND SYPHILOGRAPHY.

By CHARLES R. DRYSDALE, M.D.,

Senior Physician to the Metropolitan Free Hospital; Physician to the Rescue Society of London's Lock Hospital.

THE BLOOD IN SKIN DISEASE.

Dr. Thin finds that by counting the red corpuscles after the method of Melasses in cases of psoriasis, eczema, acne, and pemphigus, there was no notable diminution in their number in these diseases. Syphilis seems to produce a diminution of the blood corpuscles, according to Dr. Keyes, of New York.

MALARIA AND SCROFULA.

Dr. Yandell, of Louisville, asserts that malaria is the chief source of acute skin disease, and also that scrofula is the chief cause of chronic skin disease. In France and England there is much skin disease which certainly has no relation to malaria; and as scrofula is so ill defined, it is useless to attempt to erect a theory on so slender a basis as this.

MOLLUSCUM CONTAGIOSUM.

Dr. Fox, of New York, gives some facts regarding molluscum contagiosum, of which affection he has collected twenty-five cases. He must have rare opportunities for observation to be able to collect so many cases in a short time. In eighteen of these cases the growths were situated chiefly about the face, especially about the eyes and mouth. In one instance the disease was spread all over the body. Dr. Fox thinks this disease is more common among the poorer classes than among the richer, and more so among children than older persons. Fourteen of the eighteen cases were in females, and five were infants. In seven of the cases the growths occurred solely in the genitals of male adults, and he notices the frequent coincidence of warts with such growths. He finds that in one hundred boys and one hundred girls seen at the New York Dispensary, twenty-one boys and nine girls had warts, or fifteen per cent., whereas in an examination of two hundred males in the venereal department scarcely three per cent. had warts. Warts appear, according to Dr. Fox, to be contagious. In this he is corroborated by the observations of Sir J. Paget and other clinicians.

We have noted a few points in the essay on molluscum contagiosum, kindly sent us by Dr. Fox, of New York, a week ago, and would now refer to a magnificent contribution to the knowledge of skin diseases from that most untiring of all professional workers, whether at the bedside or at the desk, Mr. Jonathan Hutchinson. In his "Lectures on Clinical Surgery," which the author has most generously sent me a copy of as I write these lines, the subject of molluscum contagiosum is referred to. Mr. Hutchinson observes that molluscum contagiosum is far commoner in England than on the Continent. It is most common in the eyelids; few English observers have any doubts as to its contagiousness. It consists of enlarged and distended sebaceous glands; it is never seen on the palms or soles of feet. It occurs in healthy persons, and is easily cured by local, but not by constitutional means. In acne, also a disease of the sebaceous glands, the follicle does not tend to be ejected from the skin, but rather the contrary, for there is no hypertrophy in acne, but always inflammation of the surrounding parts. When a molluscum tumour becomes inflamed it generally becomes embedded in the surrounding structures. In such a case it may be mistaken for an indurated chancre.

Mr. Hutchinson had little doubt but that when the discovery of the real cause of this disease is made, it will be found to depend on some parasite as definite and special as the Sarcoptes of scabies, or the Achorion of favus. He mentions a case when at the Metropolitan Free Hospital, a woman came with three children, all with the disease, which she said was very common in her alley. Bateman mentions three children and two servants in the same family all affected.

As to treatment, this, too, favours the theory of a parasite. If the tumours are very young they are to be rubbed with a little ointment containing sulphur and the ammonio-chloride of mercury; in about a week they will usually disappear. If larger it is better to excise them. It is best to cut off the front half of the little tubercle and leave the middle of the

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(*a*) "On Spinal Weakness and Spinal Curvatures," by W. J. Little, M.D., 1868, p. 113.

gland cavity exposed, then to squeeze out the contents of the cyst with the thumb-nails. The whole gland must be carefully removed, for if any portion be left it will inflame on healing, whereas if the gland be wholly removed the little wound will heal immediately and no scar remain, since we have removed no true skin, but merely epidermis. The excision plan is necessary on the eyelids. Mr. Hutchinson mentions the case of a man whose arms and trunk were covered with spots of molluscum of various sizes, some not larger than No. 6 shot. There was no inflammation of the adjoining skin, and no pain. Both this and another case seemed to have been contagions obtained in a Turkish bath. One point in the disease is its easy curability, for it is not often that a case lasts more than six or eight months, whether treated or not.

WINTER PRURIGO.

In Lecture vii. Mr. Hutchinson speaks of winter prurigo, which is a very common complaint, according to our own observation. This form of prurigo affects the lower extremities, the forearms, and outer aspects of the upper arms. It is not at first attended by any eruption, but merely exhibits the *cutis anserina.* If the patient, however, scratch himself, very itchy isolated points arise, possibly connected with nerve papillæ. In bad cases the skin becomes rough and harsh, and there are seen a number of little blood-stained crusts. Hebra describes very terrible cases of this disease as being met with in Vienna. The disease is rare in the young, and also rare in the female sex. As to the efficiency of internal remedies, Mr. Hutchinson has nothing to say. The more you can invigorate and fatten the patient the better. The term prurigo is applied by Hutchinson to all diseases of which itching is the paramount symptom and cause of aggravation. No such malady, in English practice at least, is causeless and incurable, and capable of being styled "prurigo" *par excellence.* The local application of glycerine is praised by some, sulphur lotion by others. Clothing is of first-rate importance.

DR. JAMES WHITE, OF HAVARD, U.S., ON FRECKLES.

Dr. White describes ephelis as follows :—The pigment instead of being increased uniformly over the general surface of exposed parts, as in tanning, is developed in excess in the form of small spots of irregular outline varying in shade from a light yellow, through red, to the darkest brown. Single spots seldom exceed a pea in size, but by grouping or confluence patches of considerable area are sometimes formed. Dr. White makes no mention of syphilitic ephelis, concerning which the author of the present paper read a communication in 1877 to the Medical Society of London. If Dr. White will examine the neck of his youthful syphilitic patients he will find a form of ephelis quite pathognomonic of syphilis in many of the young females attacked with secondary syphilis.

CHLOASMA.

Dr. White seems to use this word to include far more than most writers on skin diseases do, viz., Addison's disease, uterine swarthiness, &c. Chloasma is generally held to be synonymous with pityriasis versicolor, a parasitic affection of the skin, and yet Dr. White does not speak of this in his enumeration of the species of chloasma. It is, we think, owing to the difficult nomenclature of Hebra that Dr. White has been led into this.

Can anything be done for freckles? If we could remove, says Dr. White, the epidermis down to the rete mucosum by any means, we should also remove the colouring matter. This may be done by any irritant powerful enough to cause a separation by inflammation of the two layers of the skin, and may be brought about by blisters, or strong solutions of corrosive sublimate. This cannot be done, but a certain number of substances have the power of expediting the formation and discharge of epidermal cells by their action on the surface of the skin. Among these are borax, sulphur, bismuth, acetic and citric acids. Dr. White, hence, for the use of persons with freckles, recommends the application at night of such lotions as equal parts of hydrarg. ammon. chlor. and bismuth trisnitratis, two drachms of each in half-an-ounce of glycerine, or one drachm of citric acid in four ounces of water. Or, again, one scruple of sulphate of zinc in unguent, rosæ, one ounce. For stains on women, as occurring on the face so commonly, Dr. White finds nothing so efficacious as corrosive sublimate, dissolved by the aid of alcohol. A solution of four grains to the ounce is usually painted by him, by means of a camels'-hair brush, over the pigmentary stains on the face, and is well borne—a single application at first for two or three days; in the morning the stains to be washed with soap-and-water, and pumice-stone to be used if necessary. By such means the discolouration will gradually get removed as weeks go on. There is no danger of absorption of the mercury.

REVIVAL OF MERCURIAL TREATMENT OF DISEASES.

At a recent meeting of the Medical Society of San Francisco, Professor Barkan read a paper on certain syphilitic diseases of the eye, in which he referred to the views of prominent European oculists, as remarked in a late tour in Europe. He found the mercurial treatment in general use. Inunction with mercurial ointment was the plan generally adopted. A small quantity—say thirty or forty grains—was rubbed in daily until constitutional effects appeared. The rubbing was then suspended for a few days, and resumed and continued according to the circumstances of the case. The action is often very slow, two or three weeks sometimes elapsing before the gums are affected.

In the debate that followed Dr. Ellinwood recognised the importance of the mercurial treatment, but generally used the medicine internally, as he had seen severe ptyalism produced by inunction. He gave the sixteenth of a grain of perchloride thrice daily, in combination with tincture of iron, and sometimes with chlorate of potash. This combination secured the constitutional advantage of mercury without danger or severe salivation. Dr. Barkan added to his paper that inunction was used almost solely in Europe, and that the patient should be kept in bed several weeks under this form of treatment. Dr. Herschfelder confirmed the statement of Dr. Barkan as to the inunction treatment in Europe. In Vienna no other treatment was used. The patients in the hospital were each provided with a tooth-brush and a supply of chlorate of potash, and made to use them several times daily, to prevent salivation. Dr. Barkan, in reply to an inquiry from Dr. Gibbons, sen., said that he had in general no opportunity to follow the patients after their discharge, and could not say positively, although, as far as he could see, no permanent injury followed from inunction.

Dr. Gibbons, jun., called attention to the remarkable revolution which had taken place within a few years in the opinions and practice of the former anti-mercurialists. They had completely abandoned their opposition to mercury, and now acknowledged that the cure by the iodides and other preparations was but temporary. He mentioned Dr. Drysdale, of England, among others of this description. (*a*)

Dr. Gibbons, sen., said he could readily believe that the inunction might be preferable if the patient were obliged to keep his bed. He was gratified to see the prejudice against mercury dying out. No doubt mercurial remedies were much abused formerly, and there was much reason for greater discrimination and care in their use. But the principal hostility was founded on a popular clamour, got up by quacks and nostrum-mongers for purposes of trade, and by botanists, eclectics, homœopaths, hydropaths, and the rest, for the purpose of building up their systems at the expense of regular medicine. He believed that the profession and humanity had lost much by discarding one of the most powerful of all remedial agents. Patients are allowed to die with obstinate chronic diseases, for fear they will be injured by mercury. There are many cases of this kind which might be relieved by the alterative or constitutional action of mercury. It is not true that the after-effects, even of decided salivation, are as terrible as people have been taught to believe. When he had charge of the medical wards of St. Mary's Hospital some years ago, a patient came in suffering from severe salivation, caused, as he said, by taking Holloway's vegetable pills. He had suffered ill health for many years, apparently from malarious agency. He was sallow, feeble, and emaciated. The treatment was directed to the salivation and to the elimination of the mercury by iodides. He improved rapidly, grew fleshy, and in about a month left the hospital in buoyant spirits, declaring that he had not felt so well for six years. Not a vestige of injury to his teeth remained. Dr. Gibbons also mentioned the case of a Jewish lady of high social position, whom he had accidentally salivated in treating her for an attack of jaundice. She had not enjoyed good health for years, and had been under his charge as a patient a great portion of that time. He was chagrined and mortified at the salivation. She suffered considerably with her mouth and jaws for a week or two, and then improved steadily until health was perfectly restored. She had a fine set of teeth, which he feared were in jeopardy; but they were not injured, and are now as sound as they were before mercurialisation. More than all that, she has been sick scarcely a day since. The salivation not only restored her to perfect health, but has saved her hundreds of dollars of medical charges. Do not such results following accidental and unintended salivation demonstrate the value of mercurial treatment under proper care and treatment?

Dr. Grover thought bleeding, which Professor Gross had classed among the lost arts, might also be presented in the same manner. It was formerly abused by the profession, and is now discarded with as little reason.

We rather suspect that both mercury and bleeding have seen their palmy days, which will never be resumed. At present the habit of correct observation brought into vogue by the modern use of instruments of precision forbids the supposition that we shall ever again see the days of "schools" of drug therapeutics. Mercurialists of the type of John Hunter or his contemporaries cannot possibly reappear, and even Spain and Italy will be obliged to put aside their Sangrados and barber-dentists. *Primum non nocere* is the motto of the modern therapeutist. The question of when mercury should be used in syphilis is the main question to be resolved in this department of drug medication. It is being silently debated all over Europe by men like Lancereaux, Fournier, Berkeley Hill, and Hutchinson, and before the end of this remarkable century it is possible that mercury may have its present rather restricted place in the pharmacopœia of nations as an internal remedy in disease still further restricted and made yet more precise.

Dr. George Beard, a careful observer, states in the "Proceedings of the King's County, U.S., Medical Society," the following conclusions as to the hygiene of sex :—

1. In savage, barbarous, and semi-cultivated lands the sexual appetite can be, and is, and always has been indulged by both sexes not only in the natural way, but also in all sorts of unnatural ways, to enormous excess, without traceable harm to the nervous system. To a less degree this is true of the lowest orders in civilised lands, as slaves, sailors, and peasantry.

2. The brain-working, indoor-living classes of civilisation find it necessary to observe the same caution in this respect as in regard to diet. They can bear only a fraction of what to the savage is a matter of indifference. The appetite for sex, like that for food, cannot well be regulated by arithmetic. The usual effects of over-persistent sexual excess are usually temporary, and very recoverable, and the German notion that structural and incurable diseases, as locomotor ataxy and progressive muscular atrophy, are caused primarily by sexual excess, is not sustained. Functional excess of any kind causes functional, not

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(*a*) This is not quite a full description of Dr. Drysdale's views. He holds that iodide of potassium is the only real treatment for gummy tumours and tertiary syphilis; whether mercury is of service or not is doubtful in most of such cases. Again, he is quite opposed to the use of mercury internally in any disease except syphilis. He thinks there is no proof of its utility in pericarditis, Bright's disease, or pleurisy, &c. Even in primary and secondary syphilis hosts of cases would do admirably without mercury. The evidence for its use in syphilitic iritis is so strong, that Dr. Drysdale gives it in that, and is also in the habit of giving small doses, *very small* doses, of the green iodide of mercury in the early stages, hard sore, and secondary eruptions (one-sixth of a grain of the green iodide of mercury twice daily, with ten drops of the tincture of the perchloride of iron, B. P.), in the hopes of warding off tertiary lesions. He does this in deference to the published views of Hutchinson in England and Fournier in Paris, both of whom allege that mercury is an antidote to syphilis. Although not convinced, Dr. Drysdale as at present advised, is in the habit of using "courses" of this very small dose of mercury, and hitherto he has done so without damage to the patients, all of whom have done pretty well under the treatment.

structural disease. Just as excessive brain work, uncomplicated with worry, may cause cerebral asthenia, or brain exhaustion—just as excessive eating may cause atonic dyspepsia—just so excessive sexual activity may cause sexual exhaustion, either local or general; but none of these types of functional debility are usually of a permanent character; removing or modifying the cause in time removes or modifies the effect.

It is gratifying to hear such a common-sense view of the question taken by an able American physician. It is the very same we have, in common with several professional brethren in London and Paris, held for a long time as the result of experience.

GONORRHŒA.

Dr. Otis, of New York, considers that gonorrhœa is "a vicious, non-specific, contagious, inflammatory disease of the mucous membrane." It is characterised by free purulent secretion without ulceration, occuring chiefly in the mucous membrane lining the urethra in the male and the vagina and urethra in the female, and occuring exceptionally in the mucous membrane of the rectum. He terms the disease *vicious* on account of the acuteness of its onset as compared with idiopathic or traumatic inflammation of mucous membranes, and from the greater disturbance, local and general, that marks its course. It is termed *non-specific* because it is capable of being originated by a variety of causes quite independently of a gonorrhœal origin, or even of the venereal act. Dr. Otis then narrates the case of a gentleman who produced a smart attack of gonorrhœa by using a glass rod as a catheter. This was afterwards communicated to his wife. According to our author, gonorrhœa is identical with infantile leucorrhœa. This latter is, he affirms, a contagious affection, and may cause true gonorrhœal ophthalmia. It is believed to be caused by irritation in the rectum. The rectum in such cases is often loaded with ascarides. Persons, it is well known, have often been accused falsely of causing gonorrhœa in little girls, where, in reality the disease was simply caused by irritation. Dr. Otis next speaks of gonorrhœa caused by injections. Experiments were made some years ago, it seems, at Blackwell's Island, U.S., by Dr. Kelly, by injecting several substances into the urethra of healthy males, and gonorrhœa was often produced. Among others, pus from the eye of a child with ophthalmia caused gonorrhœa, when injected into the urethra. This gonorrhœa lasted four or five weeks, and was accompanied by chordee, &c. Gonorrhœa may be produced by the discharge which accompanies stricture, according to Dr. Otis. He cites the case of a man who married, not knowing he had stricture, and who then had a discharge, which he communicated to his wife. Any discharge from the urethra, says Otis, is pathological, with one exception, and that is the slight transparent exudation which comes on upon excitement. Another kind of discharge is described when the patient comes to the practitioner and says he has an almost white purulent discharge, and has had connexion with a woman he is sure is free from gonorrhœa. "If you do not interfere with the discharge, it will disappear within four or five days and the man will be well. But the trouble is, that as soon as a man sees a drop of pus at the meatus urinarius, he goes to a doctor, who attempts, in very many cases at least, to abort the gonorrhœa. I do not believe there is any such thing as aborting true gonorrhœa. Gonorrhœa runs its course, and lasts about four weeks, and any urethral discharge which exists for a shorter period, I should be willing to say was not gonorrhœa."

We hardly think our readers on this side of the Atlantic will agree with all this. Nor do we clearly understand the diagnostic marks between true gonorrhœa and this form described by Dr. Otis. In the out-patient room, at least, we are sure it is not at all recognised in London. One remark in passing we will make. Dr. Otis makes no allusion to syphilis as an occasional cause of gonorrhœa or urethritis in the female and also in the male. We are sure we have seen examples of this, and Hunter's case of inoculation of himself with syphilis from a gonorrhœa, is a *cause célèbre*.

SYPHILIS AND PUBLIC HEALTH.

Dr. Sturgis, of New York, says that syphilis is "*probably* widely spread, and *possibly* increasing in extent." This is a modest way, and truly a philosophic way, of entering into an inquiry. Taking New York, he finds that for 1873, 250,536 received gratuitous medical aid, of whom some 12,341 were venereal and 5,045 syphilitic. Taking again the mercantile marine, he finds the venereal cases some twenty per cent. of all the cases of disease. He makes out that some 50,000 private venereal patients are annually treated in New York, of whom about 45,000 would be syphilitic. (Surely that is an error, for gonorrhœa is so common as compared with syphilis.) Out of a population of 942,292 persons, he thus alleges that about 61,705 are annually sufferers from venereal disease, and of these about 50,000 are syphilitic. In London, as will be remembered by the curious, there was a report in 1868 which made out that about seven per cent. of the patients at hospitals and dispensaries were venereal cases. Paris, again, according to Lecour, has about 50,000 venereal cases annnally treated. The *New York Medical Record* thinks this a proof of the inefficacy of the Parisian surveillance over prostitution as a hygienic remedy.

Dr. Sturgis next inquires whether syphilis is to be considered as fatal to life? He answers in the negative. In this we think he is in error, because syphilis of the brain kills many persons; and Dr. Sturges admits, moreover, that it favours the development of fatal disease. We think he will have to revise his opinion. Of course Dr. Sturgis admits its excessive mortality in the congenital variety. No one of any experience could fail to notice this.

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Cyprus.—A good many paragraphs have appeared about the health of Cyprus, but very little accurate information is extant on the subject. No trustworthy returns exist. Water is sometimes scarce, in some places generally so; in others we expect it will be necessary to bore to a considerable depth in order to secure a supply. Malaria must be anticipated. The heat is often most oppressive.

The Army and Naval Medical Services both still wait for justice at the hands of the Government. They were true in the late crisis, and now the Government would do well to investigate their grievances.

AMERICAN MEDICAL ASSOCIATION.

The twenty-ninth annual meeting of this Association was held in June, and our exchanges are beginning to give us some idea of the proceedings, although less fully than usual, since it has been decided—with doubtful wisdom we think—to forbid papers appearing prior to their publication in the *Transactions*. This is practically what is done in the British Medical Association, all papers being claimed for the *Journal*, which delays the issue of many of them in a most marvellous manner.

Our American brethren met at Buffalo, under the presidency of Dr. T. G. Richardson, of New Orleans, whose address touched on Medical Education, Organisation, State Medicine, and other suitable topics. The delegates to kindred societies made their reports, among which may be named that on Uniformity of Observation and Record, which seems to make progress. The homœopathic and the woman questions came up jointly in a laughable way by a member being charged with consulting with a homœopath—the latter being his wife. Numerous questions were brought forward of special local interest, and some important practical papers read. From these we make a few selections, guiding our choice chiefly by what may be interesting to our readers, in connection with the contents of previous numbers of The Doctor. We should be glad to give further selections, but our space is exceedingly limited, and many of the questions discussed have already received ample attention in our columns, while others are continually cropping up and will have to be alluded to in the near future.

THE PATHOLOGY OF THE BONES, ESPECIALLY TUBERCLE.

Dr. H. H. Smith, of Philadelphia, as Chairman of the Section on Surgery and Anatomy, took this subject. He said that recently a new function had been assigned to the skeleton, and the bones had been regarded by many as a focus for the origin of red and white blood corpuscles, and through which diseased matter was introduced into the general circulation. Certain results which followed operations on the bones—such as erysipelas, septicæmia—were doubtless due to impairment of the blood-forming functions of the myeloid cells in the medullary portion. It was suggested that the cases of bone and joint disease, which had been reported as due to exanthematous fevers (Gibney), were, perhaps, cases in which the first departure from health was in the medulla of the bones, and that the exanthemata were symptoms and not causes. Passing to the consideration of

Tubercle in Bone, Dr. Smith gave a *résumé* of the opinions which had been given by Virchow, Rindfleisch, Wilson Fox, Rodenstein, of Yonkers, N. Y., and others, regarding the character of tubercle, and from those opinions reached the conclusion that tubercle was formed from the blood through the action of the lymphatic vessels.

The conclusion reached by Dr. Smith was—

1. That tubercle was closely connected with the lymphatics, and that it was deposited in the lymphatic vessels in Pott's disease, also in the epiphyses of the long bones as well as in the spongy bones of the ankle-joint.
2. That its development and progress in these localities was the same as when deposited in other tissues.
3. That tubercle affected the vessels and cancellated structure of the bones, and not the ligaments and cartilage.
4. That the destruction of cartilages and ligaments was the effect and not the cause of impaired nutrition.
5. That softening tubercle produced congestion and inflammation of the bone-cells about the deposit.
6. That perverted myeloid cell action was consequent upon such change, and reacted in the way of modifying the formation of blood-corpuscles.
7. That what was termed scrofulous disease of the bones was essentially a disturbance of the myeloid cells.

The practical lesson to be derived from such facts was that we should still hold to the teachings of our forefathers, and let constitutional treatment form an important and leading part of the management of the case, and that *mechanical appliances should be secondary*. With reference to Pott's disease, Dr. Smith took the open position that *external violence* had nothing whatever to do with it, but that destruction of the cancellated structure of the vertebra was the result of caseous deposit and evacuation of softened tubercle.

He also believed that hip disease was due to the same cause, and that the cancellated structure was first affected. The treatment of Pott's disease by suspension was at least two hundred years old, and the splint which kept the diseased surfaces in hip disease apart was an admirable instrument; but no matter what the mechanical apparatus might be, it should not supplant a proper tonic and alternative plan of treatment.

The treatment of phthisis by injecting the cavities in the lungs had met with some success in the hands of Dr. Pepper, of Philadelphia, and it might yet be a plan of treatment for bone disease to inject the cancellated structure with substances such as phosphoric and lactic acids, &c., which favoured the evacuation of the caseous material.

Dr E. W. E. Jenks, of Detroit, Chairman of the Section on Obstetrics and Diseases of Women, delivered an address upon

THE CAUSES OF SUDDEN DEATH IN PUERPERAL WOMEN.

After reviewing the literature of the subject, Dr. Jenks studied his subject under four heads:

1. Lesions of the Circulatory System.
2. Lesions of the Respiratory System.
3. Lesions of the Nervous System.
4. Puerperal Septicæmia.

The following conclusions were reached:—

Septicæmia in its most malignant form was one of the chief causes of sudden death in puerperal women, and it was more than probable that small and large emboli were formed by the disorganising effect which that condition produced upon the white blood corpuscles.

Of the various valvular lesions of the heart, mitral stenosis was the most dangerous for the pregnant or puerperal woman. The usual mode of sudden death with the valvular lesions was through pulmonary œdema.

Endocarditis, old and recent, was extremely liable to be re-kindled in the puerperal condition, result in ulcerative puerperal endocarditis, and give rise to embolism. The practical deduction was that women who had suffered from endocarditis should be discouraged from getting married, lest embolism and sudden death should occur in the puerperal condition.

Endocarditis might result from one of the forms of puerperal fever.

Fatty heart was a possible cause of sudden death in the puerperal woman. Only two cases, however, had been reported, and one was by Dr. Jenks.

Arterial degeneration might cause sudden death in the puerperal woman in two ways: 1, by allowing rupture of the vessel; 2, by favouring the development of thrombosis and embolism.

Arteritis of itself rarely caused sudden death in the puerperal woman.

Phlebitis was a frequent cause of sudden death in these cases, terminating in pulmonary obstruction.

The injection of large quantities of air into the veins caused sudden death, but relatively the entrance of air into the veins of the puerperal woman was an infrequent cause of sudden death. The introduction of the hand into the uterus occasionally caused sudden death by facilitating the introduction of air into the veins.

Puerperal eclampsia was a most conspicuous cause of sudden death, but the mortality in that class of cases had been very much decreased by the progress which had been made in treatment.

Tetanus might give rise to sudden death in the puerperal woman.

There were many other causes, such as ruptured heart, ruptured uterus, apoplexy, profound moral emotion, post-partum hæmorrhage, mental excitement, shock, traumatism, &c., which were well recognised, and for that reason their special consideration was omitted.

In the Section on Practical Medicine,

THE CLIMACTIC TREATMENT OF PULMONARY PHTHISIS,

formed the principal theme of the address, of Dr. Loomis, as chairman of the section of practical medicine. He closed his remarks with the following suggestion respecting *American Mineral Springs:* "It seems to me that the necessities of our time are demanding the establishment not only of well-organised and thoroughly equipped sanitariums by the sea, in the mountains, in the cold regions of the North, and in the warm regions of the South, but that our mineral springs should be utilised for the cure of disease. No one doubts but they are equal, if not superior, to those of the old world; yet to-day we know more of the virtues of Carlsbad, Kissingen, Vichy, and Hunyadi waters than those of Saratoga, Virginia, Arkansas, and Colorado. Has not the time come, gentlemen, when some organised action should be taken in this matter?"

MORPHOLOGICAL CHANGES IN SYPHILITIC BLOOD.

Dr. Ephraim Cutter, of Boston, gave a micro-photographic exhibition of the morphological changes which occurred in the blood in consequence of syphilis. The diagnosis of syphilis was based upon the presence in the blood of a *copper-coloured* filiform growth with rounded and enlarged extremities and spores. Dr. Cutter regarded the demonstration as corroborative of the claims made by Dr. Salisbury in connection with the same subject. He thoroughly believed that positive diagnosis of syphilis could be made by microscopical examination of the blood. He also believed that Löstorfer was correct in his statement that the white blood-corpuscles were enlarged in syphilis; but he should have insisted upon the *copper-colour* of the spores.

RINGWORM IN PUBLIC INSTITUTIONS.

Dr. J. V. Shoemaker, of Pennsylvania, read a paper on the above subject, in which reference was made to 50 cases of the disease occurring in a school of 100 children. Diagnosis was made by microscopic examination. Inoculation upon unaffected children produced the same disease. Experiments were made by inoculating cats, and the disease was produced upon the animals. Further experiment demonstrated that the disease could be transmitted from animals to children by inoculation. The conclusion, therefore, was that ringworm could be transmitted from children to animals, and *vice versâ.* The treatment consisted in shaving the head (frequently in pulling out the hairs), frequent change of clothing, thorough ablution, the use of bitter tonics, iron, and cod-liver oil, and the application of salicylic acid and citrine ointment.

SOME FACTS IN CONNECTION WITH PULMONARY TUBERCULOSIS AND ITS HYGIENIC SURROUNDINGS.

Dr. F. H. Davis, of Chicago, read a paper upon this subject, in which he maintained that the influence of climate in the production of tuberculosis was overrated. More powerful causes were want of exercise, improper clothing of the body, and dampness.

Dr. J. J. Caldwell read a paper on

THE NEUROSES OF THE PNEUMOGASTRIC AND SYMPATHETIC.

The anatomical distribution of the pneumogastric nerve was first considered and the effect produced by its division. The connection of the nerve with the sympathetic was so intimate, that when the sympathetic was irritated the same symptoms might be developed as when the pneumogastric itself was irritated. The author then passed to the consideration of the diseases affecting organs which were supplied by the pheumogastric, such as epilepsy, laryngismus stridulus, whoooping-cough, croup, diphtheria, aneurism, &c. Mention was made of certain neuralgias of the pneumogastric and sympathetic, and the views of the author were illustrated by cases. The object of the paper was to call attention to the neuralgias of the sympathetic and the pneumogastric, and also to study the vaso-motor centres, especially the sweat centres of the sympathetic. The use of electricity was referred to in the treatment of the various neuralgias mentioned.

SEPARATION OF THE ILEUM AND SPONTANEOUS OCCLUSION OF THE DIVIDED EXTREMITIES.

Dr. Martin of Mass., referred to a case in which 19½ inches of the ileum separated and were discharged. Six months subsequently the pathological specimen was obtained, when it was found that the extremities of the gut, where the slough had occurred, had been united by a narrow band which was pervious. Dr Loomis said that he had seen one case similar to that reported by Dr. Rochester, except that the extremities where the gut had sloughed were agglutinated to each other.

Dr. C. N. Palmer, of Lockport, N. Y., read a paper

ON GOITRE SUCCESSFULLY TREATED BY SUBCUTANEOUS INJECTION OF FLUID EXTRACT OF ERGOT.

The paper consisted substantially of the history of two cases of goitre, which had been successfully treated as above indicated. From ten to twenty minims of Squibb's fluid extract were used at each injection. One of the patients cured was exhibited to the Section. He was twenty-five years of age; his neck measured twenty-five inches in circumference when treatment was commenced; the enlargement was double, one side cystic and the other solid. Several methods of treatment were mentioned by members of the Section, and Dr. Davis remarked that no doubt some cases had been cured by any method which had been suggested.

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IN THE LABORATORY.

ARSENIATE OF GOLD.

Arseniate of gold may be prepared by mixing 1·8 grammes of chloride of gold and sodium (Germ. Pharm.) with 0 55 grammes of neutral dry sodium arseniate, rubbing the mixture with one gramme of water, and drying again at a moderate temperature.

LIQUOR HYDRARGYRI ET SODII CHLORIDI.

Dr. Emil Stern, of Breslau, recommends for hypodermic use the following solutions, which are said to be free from the otherwise objectionable consequences of subcutaneous mercuric injections:

I. *Mild Solution.*

℞. Hydrarg. chlor. corros. 0·20 grammes.
Sodii chloridi puri - 2·00 "
Aquæ destillatæ - 50·00 "

II. *Stronger Solution.*

℞. Hydrargyri chlor. corr. 0·25 grammes.
Sodii chloridi puri - 2·50 "
Aquæ destillatæ - 50·00 "

The quantity for a single injection of these two liquids would be from 2·0 to 2.6 grammes (30 to 40 min.).

ACTION OF FERROCYANIDE OF SODIUM ON THE ELIMINATION OF UREA.

M. Rabuteau in a communication to the *Société de Biologie* reports as the results of his researches that this salt is not diuretic, that it is eliminated without change, and, moreover, the elimination is slow, it taking more than eighty hours for the elimination of thirty grammes of the salt.

LOCUST OIL.

Analysis and examination of the dead Rocky Mountain locusts by the United States Entomological Commission show that these insects furnish a new oil, *caloptine,* and a very large percentage of pure formic acid. It is said that by the action of sulphuric acid upon the locust juices formic acid can be obtained in any quantity, so that it will soon be no more a rare article.

EUCALYPTISED CRYSTALS.

These supply a much wanted desideratum as a disinfectant and deodoriser. Pleasant smelling, non-poisonous, harmless to clothing of any kind, non-irritating, they are capable of being used with advantage, and even pleasure, in the sick room, on clothes, for washing the hands of the physician or the body of the patient. Put even into a privy they at once destroy all smell, and substitute their own pleasant odour for that formerly arising, at the same time evolving ozone, and so acting as a disinfectant. They can be used in water, being rapidly soluble, or in the sick room dry in saucers, or for more rapid action, fused on a shovel. They are certainly better than chlorine, when the unpleasantness and destructive action of the latter is an objection; and than Condy's fluid, which stains everything it touches. Wooley, Sons, and Co., Manchester, are the manufacturers.

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JOTTINGS FROM JOURNALS.

A new Effect of Chloral Hydrate.—Dr. Herman Ranke observes that it has not yet been determined whether chloral acts molecularly, or by combination with the free alkali in the blood, and the oxidising processes in the organism, constantly, and in small quantities, is converted into chloroform, and thus exercises its anæsthetic and soporific effects. Liebreich found chloroform in the breath of rabbits, only when deadly doses of chloral had been given—not after hypnotic doses. This was confirmed by Demarquay. Lewisson's discovery, that the so-called salt-water frogs, which have no serum in their vessels, but a 0·75-per-cent. solution of salt (and, notwithstanding, display a strong heart reaction) are influenced by chloral in the usual manner, seems to speak strongly against Liebreich's theory of decomposition, yet is by no means conclusive, since no one has succeded in completely eliminating the alkali contained in the lymph, and since the skin, muscles, muscles of the heart, brain, and spinal cord, have an alkaline reaction in the salt-water frog also. The alkalinity of the lymph in salt-water frogs remains in explanation of the separation of chloroform still firmly maintained by Liebreich, independently of the fact that, according to Liebreich's latest theory, the separation of the atoms of carbon of the chloral may be effected simply by oxidation in the tissues, without assistance of the free alkali. The observations on these salt-water frogs seem to speak with greater probability for this view since the unchanged chloral has the same effect as its product, the chloroform. Just as Hammaxsen, Rajewski, and Lundimar Herrmann found no chloroform in the expired air, but chloral, so the latter and Frl. Tomasciewitz, after the use of chloral, could find chloroform in the urine only when that secretion had an alkaline, and not an acid reaction—an evidence that chloral passes into the urine as such under normal conditions. Finally, the observations made by Frl. Tomasciewitz, that the acetic perchloride which in an alkaline solution furnishes chloroform exactly as chloral does, remains entirely inert in rabbits, when injected to the amount five grammes. To these reasons against the theory of decomposition Ranke adds the following: A few drops of chloroform or a ten-per-cent. solution of chloral injected into the arteries of a living animal, produces great muscular rigidity, and the lower portion of muscles in which the injection is made suffers decomposition if the animal survives. After the injection of chloroform or chloral, the muscles show a granular cloudiness of their primitive fibres, disappearance of the transverse striation, degeneration, and are covered with triple phosphates. That the effect is not due to the action of the chloroform in both cases is proven by the circumstance that in a myosin solution, containing a seven-per-cent. solution of salt, the chloroform added is immediately surrounded by a cover of myosin, and, when shaken, each little drop, in like manner, retains its covering. The chloral (10 p.c. solution), in like manner, added to the myosin solution, showed, on the contrary, without the layer of myosin, great cloudiness, in which the drops could not be found enclosed in the capsule, as is the case with chloroform. In the later case the odour of chloroform could not be distinguished. Chloral then throws down the albuminous bodies, as chloral—not as separated chloroform—and as it produces this effect in the test-tube it is probable that it causes muscular rigidity as chloral. This new experiment does not strengthen Liebriech's theory. In this influence upon the muscular tissue and the heart are based the dangers noted by Oré of the injection of chloral into a vein in cases of tetanus.—*Medicinische Neuigkeiten*, No 14, 1878. —*Clinic*, June 15.

Absorption of Iodide of Potassium by the Vaginal Mucous Membrane.—J. Smolski (*Petersburg Medicin. Wochenscrift.*) finds that iodide of potassium is very rapidly absorbed by the mucous membrane of the vagina when introduced in large doses in the form of globules with cacoa-butter. In twelve hours, of twenty grains eighteen were absorbed; on the other hand, only two grains and a-half out of ten were absorbed. The absorption of a solution in glycerine is slower. Of a solution of twenty grammes in about two drachms of glycerine, only two grains and a-half were absorbed in twelve hours; and of a ten-grain solution only one grain and a-half in the same time. The rapidity of absorption may be increased by the addition of free iodine.—*Centralblatt für Gynäkologie*, June 8th.

Sore Nipples.—Dr. Haussmann, of Berlin, recommends lotions containing five per cent. of carbolic acid, in the treatment of erosions of the nipples. He claims that the carbolic acid not only cauterises superficially the eroded spot, but that it penetrates into the openings of the smallest lymph-vessels which have been laid bare by the erosion, and destroys at once any parasitic germs or infectious organic substances that have been conveyed to the nipple by the mouth of the child or the hands of the physician or nurse, or of the woman herself.—*Centralblatt für Gynäk.*, No. 10.

Treatment of Blennorrhagic Conjunctivitis.—Prof. Gosselin, of Paris, treats his cases of blennorrhagic conjunctivitis, when seen before suppuration of the cornea has set in, by instillations of diluted alcohol. After cleansing the surface of the conjunctiva by injecting a stream of cold water, with moderate force, under the eyelids, he instils into the eye a few drops of the mixture containing one part of alcohol at 90° and four parts water. This is repeated every three hours. In the intervals the eye is kept constantly covered with compresses wrung out of cold water, and is frequently washed with the same.—*Receuil d'ophthalmologie*, April.

Treatment of Chronic Pharingitis.—Prof. Pippingsköld, of Helsingfors, treats pharyngeal catarrh by gargling morning and evening with water at a temperature of from 59° to 68° F. About two tumblers of water must be used on each occasion, and the gargling must be continued for several months, and perhaps even for an entire year, or, if left off sooner, must be recommenced as soon as the symptoms of catarrh become troublesome. The Professor claims that the water, when used at the above temperature, lessens the hyperæmia, and restores the tone to the vessels of the soft palate; ice-cold water, on the other hand, would cool the parts more for a time, but it would excite reaction with increased hyperæmia, and might easily do more harm than good. The treatment has also proved useful in cases of granular pharyngitis.—*Allg. Med. Cent. Zeit.*, April 20th.

Treatment of Intertrigo in Children.—Dr. Wertheimber recommends the external use of a solution of corrosive sublimate (gr. i. to ℥iijss. water) for the intertrigo of children, and asserts that it is the most effective of all the remedies recommended for that affection. The affected spots are covered with pieces of lint soaked in the solution. Sometimes it is sufficient to keep these compresses on for an hour at a time, three or four times a day. The curative action is very rapid, the redness and exudation often disappeared in 24 to 36 hours. General symptoms, due to the absorption of the drug, have never been observed by Dr. Wertheimber; the danger of absorption is not great, as the applications do not, as a rule, need to be continued more than a few days. When the improvement is pretty well advanced, dyachylon ointment may be substituted for the solution.—*Berliner klin. Wochenschrift*, No. 15.

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CORRESPONDENCE.

TO THE EDITORS OF THE DOCTOR.

Dear Doctor,—I have to thank you for your notice of my letter to the *Lancet;* being out of town I could not acknowledge it sooner. I have reason to be very well satisfied with your report, and think that section of notices very useful and interesting to any mèdical reader. I have only to protest upon your severe criticism on my spelling, but I think if I am wrong it is not so very culpable as to bring me under the notice of the School Board. I do not deny the examples, but I think they are not so numerous as to establish a rule, as we have not only potassa, soda, but lithia, strontia, magnesia, and various others. The neutral bases were in use long before they were known to be oxides of metals, and we have plenty of authority to use them, and spell them in pharmaceutical nomenclature; but there is no precedent for the use of magnesii sulphas or manganesii sulphas. The fact is, we have no Latin word for it. Towards the close of the last century manganese was investigated by the German and Swedish schools of chemistry and mineralogy, and manganese was found with iron ore, and was commonly called black earth, and magnesia nigra or black magnesia. The French, who did not use the Latin, termed it manganese; the Germans termed it manesia, and the metallic base manesium, to obviate the confusion of magnesium and manganesium.

I am not aware that it has ever been used in pharmacy, and no Pharmacopœia has included it in their vocabulary. I myself should have preferred the German manesia, and manesium for the metallic bases; but such a use even of an old name might involve some practical difficulty, and therefore I have adopted the French name, and rendered it in Latin manganesia.

However, if I am wrong, I must leave it as it is, and when the next Pharmacopœia is published perhaps the General Medical Council will consider under what name it should be known in pharmacy, if the experience of the profession in the mean time confirms my suggestion of its usefulness.

I remain, Sir, yours faithfully,

R. H. Goolden.

[We are glad to insert our correspondent's note, but as the British Pharmacopœia calls the black oxide manganesii oxidum nigrum, it certainly adopts the termination in um for the metal, and we suggested that the word should follow the analogy of ferrum and cuprum. This seems reasonable, as it is more in accordance with the new chemical nomenclature, and the ending affords a slight distinction from the magnesia compounds.—Ed.]

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NOTES, NEWS, AND GOSSIP.

Custard, a Cholera Producer.—So, according to the *Scientific American*, says Dr. W. R. Sevier, who has seen them permitting an occasional bubble of gas to rise to the surface, and in such condition they were intensely poisonous. Perhaps it is only American, or at most English cholera which is thus produced. Surely not Asiatic.

Horse Beef.—The London establishment for the sale of horse flesh, disposed from the 4th of May to the 4th of July, of no less than 8,949 kilogrammes of meat, the produce of 86 horses, 7 donkeys, and 1 mule. Not a bad beginning.

Leucoplakia Buccalis is a name proposed by Schwimmer, to supersede psoriasis or ichythyosis of the tongue.

British Medical Association.—The annual meeting is to be held at Bath, from the 6th to the 9th of August. The question of admitting females as members is to be brought forward, and some alterations in the bye-laws are to be proposed.

Home Hospitals.—At the meeting at Bath, Dr. Boyd Mushet will move a resolution condemning the proposal to establish hospitals for those who are able to pay. We hope he will be supported, and that a full debate may take place on the flagrant evils of gratuitous medical labours.

The Odontological Society will probably discuss the use of anæsthetics in dental surgery at an early meeting next session.

American Laryngological Association.—A meeting of the leading laryngoscopists in the United States has resulted in the formation of this society. The first annual meeting will be held next June.

Virchow has retired from the Reichstag, in order to devote his time exclusively to science.

The Advantages of Ill-health.—Such is the title of a leader in the *Medical Examiner*. It is, perhaps, amusing to speculate in this way, but we doubt if the writer has had the pleasure of enjoying the advantages on which he dilates.

Royal College of Surgeons.—Messrs. Erasmus Wilson, Gay, and Lund, have been elected to the vacancies in the Council. Mr. Jonathan Hutchinson is the new professor of surgery.

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DEATHS.

Allen.—On July 5, at Gorey, co. Wexford, Martha, the dearly loved and only daughter of John B. Allen, M.D., aged 16.

Beresford.—On July 18, at Narborough, Leicestershire, James Wm. Beresford, M.R.C.S.E., L.S.A., aged 62.

Bowen.—On June 17, at Richmond Road, Hammersmith, C. Chappell Bowen, Surgeon, aged 86.

Calder.—On June 30, at Victoria Road, Aldershot, William Menzies Calder, Surgeon-Major, Army, aged 48.

Cocks.—On July 10, at Falmouth, W. P. Cocks, M.R.C.S., aged 87.

Clark.—On June 18, at Christchurch, Hants, Robert Oke Clark, M.R.C.S.E., aged 52.

Fowler.—On July 4, at Easter-Ord, Skene, Aberdeenshire, John S. Fowler, M.D., aged 37.

Fraser.—On July 7, at Hampstead, Donald Fraser, M.D., aged 67.

Fraser.—On July 2, at Merlewood, Inverness, J. G. Fraser, M.D., late of the Bombay Medical Service.

Fulton.—On June 20, at East Dulwich Grove, J. Fulton, L.K.Q.C.P.I., late of Firmount, co. Dublin, aged 34.

Fry.—On July 10, at Frimley, Augustin Barber Fry, M.R.C.S.E., aged 35.

Gray.—On July 13, at Ashley Road, Aberdeen, John Gray, Surgeon, formerly of Dundee, aged 80.

Harris.—On July 4, at Kempston, Bedford, Henry Harris, L.R.C.P., aged 45.

Howden.—On June 27, at Haddington, Thomas Howden, jun., M.D., aged 38.

Jones.—On July 23, at Watton, Brecknock, Wm. Jones, M.R.C.S.E., aged 88.

Kennion.—On July 8, at All Saint's Vicarage, Bradford, Catherine Elfrida, widow of George Kennion, M.D., F.R.C.P., late of Harrogate.

Mungall.—On July 13, at Abbotsford Place, Glasgow, Andrew Mungall, L.F.P.S.G., aged 58.

Murphy.—On June 19, at Bagenalstown, co. Carlow, Joseph W. C. N. Murphy, L.R.C.P.L., Assistant-Surgeon, Army, aged 40.

Noon.—On July 14, at Dublin, Frederick Noon, L.F.P.S.G., of Earlstown, Lancashire, aged 58.

O'Neill.—On May 31, at Port Wellington, Madras, Charles J. O'Neill, Surgeon A.M.D.

Orgill.—On June 26, John Orgill, L.F.P.S.G., of Stranraer, Wigtownshire, aged 73.

Prosser.—On June 18, at Tramore, co. Waterford, John H. Prosser, M R.C.S.E., aged 61.

Robertson.—On July 11, at Sele Grange, Hertford, Montgomery Robertson, M.D., aged 78.

Rudland.—On July 14, at Foleshill, Warwickshire, William Goldsmith Rudland, M.R.C.S.E.

Scobell.—On July 8, at Plympton, Devon, Thos. E. Scobell, M.R.C.S. aged 82.

Shipton.—On July 2, suddenly, at Warwick, Surgeon-Major J. N. Shipton, M.D., Army Medical Department.

Smith.—On July 14, at St. Helier's, Jersey, Joseph Smith, M.R.C.S.E., formerly of Wadham House, Lozells, Birmingham.

Stubbs.—On July 1, at Canning Street, Liverpool, Henry Stubbs, F.R.C.S.E., aged 69.

Swan.—On July 14, at 33 Clarinda Park, Kingstown, Harriet, the beloved wife of Joseph W. Swan, M.D., in her 79th year.

Taylor.—On June 28, at Cricklade, Thomas Taylor, M.R.C.S.E., aged 84.

Ward.—On July 7, at Wimbledon, William Ward, M.R.C.S.E., of Horncastle.

Watson.—On June 24, at Lancaster, William Watson, M.R.C.S.E., aged 40.

Wilson.—On June 19, at Pocklington, Thomas Wilson, M.D., aged 72.

Winkfield.—On July 1, at Shirley, Hants, W. B. Winkfield L.R.C.P., M.R.C.S., aged 43.

THE DOCTOR.

LONDON, SEPTEMBER 1, 1878.

Multum in parvo.

DOCTORS AND DENTISTS.

WHILE the various parties who agitate about medical reform have failed to accomplish anything, the Dentists, by good management, knowing what they wanted, have succeeded in obtaining from the Legislature an Act which will give them rank as a distinct branch of the profession. Now that it is done, the Medical Council and their self-constituted advisers and critics are crying out that a wrong has been perpetrated, that the work imposed on the Council is both onerous and expensive. As to the labour, the Council is not to be pitied, for it ought to have looked after its own interests and secured the passage of a clause enabling a committee to arrange the plan. Indeed, we can hardly see why a committee cannot do all that is necessary under the Act. There is no need certainly for the Council to sit more than one day if all the preliminaries are well arranged; the rest of the work can be done by the administrative staff. Indeed, when we remember how easily the doctors were registered in 1858-9, we do not believe in the overwhelming labour of registering the dentists now. As to the expense of this registration, of course it must be defrayed by the dentists who are registered, and we feel sure they will have no wish to draw upon the general funds of the Council. By the terms of the Act (Sec. 6) every person is entitled to be registered who—

(*a*) Is a Licentiate in Dental Surgery or Dentistry of any of the medical authorities.

(*b*) Is entitled to be registered as a Foreign or Colonial Dentist; or

(*c*) Is, at the passing of this Act, *bonâ fide* engaged in the practice of dentistry or dental surgery, either separately or in conjunction with the practice of medicine, surgery, or pharmacy.

The *bonâ fides* of any applicant is to be determined by the following declaration, which is "required to be made by a person who claims to be registered:"—

"I, John Smith, residing at 14 Waterloo Street, Sheffield, hereby declare that I was *bonâ fide* engaged in the practice of dentistry at Sheffield at the passing of the Dentists' Act, 1878.

"Signed, JOHN SMITH.
"Witness, WILLIAM ROBINSON.

"Dated this 26th day of August, 1878."

It is said, and no doubt with some justice, that this bill will enable men to register as dentists who have but a small claim to such a rank. But it was impossible to deny them the right since they were legally entitled to practise as such. The value of the Act will at first be little, but perhaps in the end it will be found to secure for dentists a distinct position. The Apothecaries' Act of 1815 was framed on the same plan, and one or two persons are still living who were in practice prior to that date. The leading dentists have long been associated with one of our Colleges, and in future we doubt not a much larger proportion will seek such a distinction—but dentists in actual practice, though having no diploma, will be admitted to the register, and thereby permitted to continue their practice and be enrolled as members of a branch of our profession. Some annoyance is felt at this in certain quarters. Not that doctors feel any jealousy of the *bonā fide* dentist, but there are not a few who fear that in the rush many unworthy persons may be admitted. Nothing, however, can be done to restrict the rights conferred by the Act, and the only sensible course is to extend the right-hand of fellowship freely to every one who, when registered, conducts his practice in an honourable manner. The bonds between dentists and doctors will be drawn closer, and it is most desirable that the new-comers into our ranks should be welcomed in a manner to develope their *esprit de corps* and make it a point of honour to keep up the dignity of the dental register.

Dental diplomas will forthwith be granted under the Act by several medical corporations which have not hitherto conferred them. Very likely all the medical authorities will find a lucrative branch of business thus within their grasp. Already we hear of a year of grace, and if the regulations are well arranged we have no doubt that large numbers of well educated dentists will submit to an examination of a practical kind in their art in order to enrol themselves on the register as possessing the dental diploma of a medical corporation. There is no need to make the fee low. The dentists can well afford to pay the full price for such a diploma, and there is no reason why they should not contribute to the funds of the Colleges to which they are admitted. Nor can there be any difficulty in finding examiners who will take care that while due allowance is made for those who come direct from practice, the diplomas shall not be sold to incompetent or disreputable persons, who only want them as instruments of trade. Every really skilful practical dentist should be able to obtain a dental diploma. Thus, if all the best men were to obtain one, the dental art would receive a stimulus in England and make a new departure which would benefit the public and justify the new Act of Parliament.

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PRACTICAL DENTISTRY.

IN another column we have treated of the new departure in the organisation of the dentists. As they will henceforth be more closely connected with the doctors, additional interest may be felt in the so-called "new departure creed" in practice which has lately been so much discussed in America. Contrary to much of the received teaching, this creed indicates that practices which have hitherto been only tolerated are to be commended. We have doubts upon the matter, and shall return to the subject. Moreover, we are prepared to receive communications from our dentist friends on this and other subjects. Dr. J. Foster Flagg, of Philadelphia, appears to be the leader of the new creed, which he and his followers put forward in the following explicit form:—

"I. In proportion as teeth *need* saving, gold is the *worst* material to use. II. Neither 'contouring, filling,' nor 'separating teeth' has much to do with the arrest of decay. III. Failure in operations is mainly due to incompatibility of filling-material with tooth-bone. IV. A tooth that can be so treated as to be filled satisfactorily with *anything* is worth filling. V. Skilful and scrupulous dentists fill with tin covered with gold, *thereby* preventing decay, pulpitis, death of the pulp, and abscess, and *thereby saving the tooth.* VI. A filling may be the *best known* for the tooth, and yet *leak badly.* VII. Gutta-percha, *properly used,* is the *most permanent* filling material we possess. VIII. A *poor* gutta-percha filling, *in its proper place,* is better than a *good* gold one. IX. Amalgam, *per se,* is an *excellent* filling material. X. The use of 'plastic' filling-material tends to lower that dentistry which has for its standard of excellence 'ability to make gold fillings,' but very much extends the sphere of usefulness of that dentistry which has for its standard of excellence 'ability to save teeth.'"

In England, long ago, a somewhat similar doctrine obtained restricted recognition, but the practice has been reprobated by our most able men. It is true, that from time to time we hear of the tooth-substance setting up a galvanic current with metal, and various other conjectures as to the cause that stopping is not more permanent. It is true, also, that large cavities are often filled with amalgam or oxychloride, but the value of gold is still recognised, and skilful men are proud of their work with it. If it is true, as Dr. Flagg and others say, that gutta-percha always admits the saliva into the cavity, how can it be better than gold? The assertion seems equal to saying that patients would do well to avoid the dentist altogether, and put in every cavity a piece of soft gutta-percha. Such a *reductio ad absurdum* would seem to put an end to the new creed; but when we remember how easy slovenly work is, and how much it has been patronised by quacks, we fear that not a few will avail themselves of such a defence of their old practices, and that English dentistry may be injuriously affected. Let us hope, however, that the new position gained by dentists will counterbalance the evil.

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CHRONICLE.

IS CONSUMPTION CONTAGIOUS?

This question has more than once been put in previous volumes. Recently, two interesting papers have appeared on the subject in the *American Journal of the Medical Sciences* (April and July); the first by Dr. W. H. Welsh, who, after marshalling the evidence, declares boldly in favour of contagion being proved. "That phthisis is a contagious disease," he says, "and, therefore, belongs to the zymotic group, the evidence and proof, as herein presented, is, the writer believes, decisive and irrefragable."

The second article is by Dr. Edgar Holden. This gentleman has set to determine the point *more Americano* by addressing circulars to his brethren. The number of replies, 250, is about half those addressed, and, curiously enough, exhibits an almost equal division of opinion; though we are told that those who have paid most attention to pulmonary disease are chiefly among the contagionists, while those eminent as scientists seem to prevail among the non-contagionists; we are thus left as before, and have not any increased confidence in the plan of determining such questions by *plebiscite.*

Dr. Holden himself thinks that the disease is communicable in its later stages through soluble excrementitious matter thrown off from the skin, which is deposited in bedding and underclothing. But the idea of communication through the atmosphere is not sustained, and he thinks, if even possible, such an event must be rare.

ACONITINE.

Dr. Laborde exhibited to the Paris Biological Society (June 6) some sphygmographic tracings showing the action of aconitine on the heart. He found that, on injecting a small dose (·0002 gr.) into a frog a period of cardiac excitement could be seen on the tracing; if the dose be larger, true ataxy of the heart is produced. The contractions may be suspended, but even then the contractility of the muscle persists. If we first administer curare or atropine—substances which paralyse the extremities of the pneumogastric—this action of aconitine on the heart is no longer observed. The animal dies from the lungs in the midst of the phenomena of strangulation. At the autopsy sub-pleural ecchymoses are found. Artificial respiration prevents death.

LIGATURE OF EXTERNAL ILIAC FOR ANEURISM.

Prof. Toland has performed this operation for the ninth time, and his last case is recorded in the *Western Lancet* for June. The patient was a German, æt. 40, admitted to Prof. Toland's clinic in the University of California for aneurism of the left external iliac. The vessel was ligated, and eleven weeks after the man "seemed perfectly well." Prof. Toland uses a single ligature instead of a double one, and he does not isolate the vessel from the sheath, but passes the thread round the whole. As the sheath proper of the external iliac only contains the artery it is not necessary to open it. A single ligature encircling both artery and sheath performs the same office in preventing sloughing of the vessel, as does the double ligature when the sheath is opened.

Out of Prof. Toland's nine cases, we read that all but two were successful, and neither of these died from secondary hæmorrhage. One died from gangrene of the leg, the other from repeated bleedings from small vessels ruptured in detaching a thickened and adherent peritoneum from the iliac fossæ.

TETANUS.

Two cases of traumatic tetanus successfully treated by calabar bean and whisky are related by Dr. Martin Burke, in the *New York Medical Record.* Large doses were given, and Dr. Burke thinks at no time could such enormous doses of calabar bean have been endured had it not been for the constant stimulation, which did not appear to affect the mental faculties in the least.

STRUMA AND SYPHILIS.

At the meeting of the American Medical Association Dr. Storer read a paper on this subject, and stated as demonstrable the following propositions:—

1. Syphilis, like other toxæmia, was more prone to become constitutional in the strumous than in the perfectly healthy subject.
2. Struma, the result of syphilis, was comparatively seldom recognised during life, and still more infrequently received appropriate treatment.
3. Syphilitic struma, personal or by heredity, was in no sense self-limited.
4. Predisposition to syphilis by heredity, both of itself and as affected by struma, was much more frequently intense than is generally supposed.

5. Transference of primary syphilis, sometimes by perfectly healthy women who were entirely free from specific disease, was an element not to be overlooked in discussing syphilitic struma.

Dr. Storer believed that a sufficient number of perfectly healthy women could transfer the contagion to keep up the disease indefinitely. He also maintained that consumption was caused by syphilis; that the contagiousness of phthisis was established; that syphilis was never entirely eradicated from the individual; and that it was possible to diagnosticate between syphilis and struma by means of the microscope.

TRANSFUSION IN ANÆMIA.

Dr. Letters, of Dundee, tried transfusion in a case of chronic anæmia resulting from gastric hæmorrhage. He operated with Roussell's apparatus, working it under water at a temperature of 104°. This method, he says (*Lancet*, July 27) more fully excludes the air and prevents the cooling of the blood in its passage through the 24 inches of tubing. The case in question was most successful, the transfusion having completely changed the aspect of affairs: and Dr. Letters urges that the small quantity of blood from a healthy person—insufficient to affect the giver—will often save life.

NITRITE OF AMYL IN SEA-SICKNESS.

The inhalation of nitrite of amyl is strongly recommended by Mr. C. Clapham, who is supported, though less enthusiastically, by Dr. Leeson. The latter reports to the *Lancet* that he gave it until full flushing was produced. In three-fourths of his cases no vomiting occurred afterwards; in another fourth they still felt sick, and in a final fourth it seems to have been useless. He finds toleration of the drug soon becomes established. Great caution should be used with this drug, and there is a tendency to give too large doses. Two minims will usually suffice when it is first given.

LOW TEMPERATURE.

Dr. Glaser, in an inaugural dissertation, published at Berne, points out that a temperature between 34° and 35° C. may be frequently met with, and that a fall below 30° C. is not very rare. Low temperatures are not indicative of danger to the extent commonly supposed; recovery has been known to take place after temperatures of 24° and 26° C. The danger in any given case is to be estimated not only by the fall in temperature, but mainly by a reference to the causes to which this is due, and the variations in temperature, often great and occurring under normal conditions, must be taken into account. Dr. Glaser also points out that subnormal temperatures do not always accompany collapse, but that the two conditions exist quite independently of each other.

CONTRIBUTIONS TO THE HOT WATER TREATMENT OF UTERINE HÆMORRHAGE.

Dr. Alois Valenta reports in the *Memorabilien*, iii., 1878, three very desperate cases of uterine hæmorrhage treated by injections of hot water, and which show that as soon as the hot water injections were commenced the contractions of the uterus could be felt by the patients, and could be observed by the doctor. It appears, therefore, that the hot water injections induce without doubt quick and energetic contraction of the uterus.

An important point, very favourable to the hot water injections in preference to the cold, is the consideration that by the latter, so far as the body heat is concerned, patients very much reduced will always be deprived of more warmth, while by the hot-water injection warmth in an inverse proportion will be produced, which is essential in anæmic patients.

It is also especially to be noted that the general feeling of the patient from injections of hot water is an agreeable one, while the cold water treatment is decidedly unpleasant.

The resultant reaction in the cases observed, after the hot water injections, is not only not more violent than the cold water injections, but, in the judgment of the writer, milder.

The temperature of the water should be from 40° to 42° R. (122° to 126½° Fahr.), with some disinfectant, as carbolic acid or permanganate of potash. Dr. Atthill, of Dublin, says, that in these cases the water must not be less than 110°, and may safely be 115° Fahr.

Dr. Valenta thinks this treatment of uterine hæmorrhage should no longer be resorted to as a last refuge, but should be adopted as soon as possible in cases of this kind.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

From the annual report which has just been published by the Council of the College, and about to be presented to the members, it appears that of the receipts and expenditure from Midsummer-day, 1877, to Midsummer-day last, the former amounted to £15,486 9s. 5d., derived principally from fees paid on admission to the fellowship and membership—viz., £12,028 5s.; rent of chambers adjoining the College and dividends on stock, £2,550 15s. 10d. The expenditure amounted to £14,528 16s. 2d.; the chief item under this head was in fees paid to the Council, Courts, and Boards of Examiners for their many meetings during the year—viz., £5,814 10s.; salaries and wages for the large staff of officers and servants for the three departments of museum, library, and college required £3,858 9s. 6d.; Government taxes, rates, and stamps absorbed £1,380 6s.; expenses in connection with the examination, £319 0s. 10d.; pensions, £278 12s., now reduced by £200 since the death of Mrs. Belfour, the widow of the late secretary; subscription to the statue of William Harvey, £105, leaving a balance at the banker's of £957 13s. 3d.

AN EARLY SYMPTOM OF TABES DORSALIS.

Dr. Berger has a note in the *Centralblatt für Med. Wis.*, relating to an early symptom of tabes dorsalis, which is described as consisting in the disturbance of the perception of pain of such a kind that stimuli of slight intensity, as well as tactile impressions of a slightly painful kind, such as needle-pricks, are perceived normally; but that more severe and often very strong stimuli produce no greater pain. This analgesia in respect to excessive stimuli may be present before other symptoms of tabes appear, and is of semeiotic importance. This peculiarity, as a common rule, is especially perceived in the skin of the lower extremities, and may finally be observed on the whole cutaneous surface, and even on the mucous membrane. It appears to be a symptom depending on an initial lesion of the grey substance.

IODINE IN MALARIA.

Dr. J. Nowodnitschauski, who lives in a district in which malarial fever prevails, in the *St. Petersberger Med. Wochenschrift*, No. 21, 1878, reports that he has long employed iodine in a spirituous solution as a substitute for quinine with favourable results. At intervals of eight hours he gives ten or twelve drops of tincture of iodine in a half glass of sweetened water; if the fever is soon checked he continued with smaller doses at greater intervals for a considerable period of time. In many cases (he says) iodine acted more effectually than quinia, and if given boldly, iodine (he believes) will never rank second to quinia in the treatment of intermittent fever. A cumulative action of this agent need not be feared, as it is very promptly excreted by the kidneys, skin, and salivary glands. In conclusion the writer draws a comparison between the actions of the two agents; quinine retards absorption and assimilation, produces gastric catarrh and intestinal obstruction; iodine hastens absorption and excretion, and accelerates the destructive metamorphosis. He says quinine lessens the appetite—of course he means only in large doses—iodine increases it.

TREATMENT OF PULMONARY HÆMORRHAGE.

Dr. H. Schneider, in the *Allgemeine Wiener Med. Zeitung*, holds that cupping is the best means for its relief. The number of cups to be applied depends upon the effect desired to be produced. In mild cases dry cups may be used, but in more severe ones wet cups should be placed upon the affected side. A considerable amount of blood can be thus withdrawn from the general circulation. This method may be employed to prevent hæmorrhage in simple congestion of the lungs.

IODIC PURPURA.

Fournier (*Paris Méd. and Cour. Méd*), describes this affection, which may be caused even by one dose of 60 centigrammes (9 grs.), but generally appears after two or three days. It is rare, as he has only seen about fifteen cases. It is a petechial eruption of spots of the very smallest size, about that of a millet seed; these spots are flat, and give origin to no local irritation, and always escape the patient's notice till discovered by accident. Thus, the physician ought to look carefully for them.

CASE OF HYDROPHOBIA—RECOVERY.

Nicols publishes in the *Lancet* a case of hydrophobia. Chloroform was given continuously for a number of hours, followed by an injection of morphia and ½ grain of extract of Calabar bean. The injection was repeated three times on the second day of treatment, and after that he gradually recovered.

HÆMORRHAGE CONSECUTIVE TO THE APPLICATION OF ESMARCH'S BANDAGES.

Redinger (*Le Mouvement Médical*) submits the wound for one minute to the action of a strong current of induced electricity to prevent this.

A NEW FUNCTION OF THE LIVER.

Lautenbach (*L'Abeille Médicale*) finds that on ligaturing the portal vein, immediately before it enters the the liver, the same symptoms are produced as follow the absorption of a toxic dose of narcotics. As the result of these experiments, he concludes that one important function of the liver is to eliminate from the blood passing through it a poison similar in its action to nicotine and hyosciamine. As proof of this, he injected the portal blood of dogs in whom the vein was ligatured into thirty-four frogs, and all 34 died narcotised. He found further, that nicotine and hyosciamine were modified considerably in their action when injected into the unligatured portal venous system, as compared with their effects when injected subcutaneously, or when the portal vein is ligatured. One drop of nicotine is rapildy fatal to a dog, if it does not, but even two are not fatal if it does, pass through the liver.

Dr. Murchison, in his lectures on "Functional Diseases of the Liver," 1874, points out the primary practical importance of keeping in view the *other* functions of the liver, besides that of forming bile. It may be permitted to call them to mind when reading Lautenbach's observations.

THE USE OF THYMOL IN SURGERY.

A lecture on this subject has been published in Volkmann's series, by H. Ranke, of Halle. The solution used instead of the 3 per cent. solution of carbolic acid, consists of one part thymol, ten parts of alcohol, twenty of of glycerine, and a thousand of water, and can be employed as either a spray or a solution. An impregnated gauze is also used. Since thymol does not irritate the wounds, the gauze may be laid directly upon; otherwise the same method is employed as in Lister's plan. If the gauze becomes hard and dry, it may be boistened once or twice a day with thymol water. In order to prevent the evaporation of the thymol from the dressing, the gauze is covered with oiled paper. From an experience of forty-one wounds dressed with thymol, the lecturer concluded that the method leaves nothing to be desired as to its antiseptic effect, and that it answers better than the carbolic acid dressing, since the secretion from the wounds is less, the period of healing shorter, and the cost of the dressings is smaller. Further, it has no poisonous properties, and eczema was never observed in its use.

The sweetish odour of thymol is said sometimes to be disagreeable to patients, and give rise to headache. It also attracts flies. For these reasons, Bardleben and others, after a trial of thymol dressing for wounds, have returned to carbolic acid. To some patients we think this would be more obnoxious than thymol.

TOPICS OF THE TIME.

SLEEPLESSNESS.

Inasmuch as sleep may be prevented by the most diverse causes, it is impossible to propound any mode of curing the evil which will be applicable to all cases. Where pain, or cough, or feverishness keep a person awake, it is obvious that relief of those states would be followed by the desired slumber. When a light sleeper is kept awake by noise he cannot expect relief while he lives in a part where such disturbance is frequent. A highly nervous lady who drinks strong tea in the evening must pay the penalty of wakefulness just as a person of another temperament may be kept awake by the grog which he fondly persuades himself ought to send him to sleep. These, so to say, grossly obvious causes of wakefulness may be discovered, and treatment is effectual or otherwise according to our ability to deal with them, but there remain a large number of cases in which sleeplessness is the only symptom, in which no obvious cause for it exists, and in which too often all treatment is futile.

The most popular theory regards a degree of anæmia of the brain as essential to sleep. When thought is active we cannot sleep, and this is so well understood that patients themselves devise all sorts of plans of preventing thought. In this effort must be classed the many methods of engaging in some mental effort which is so well known as to be automatic—counting for instance—or of watching the respiration, or gazing at a fixed point. Besides thought, however, there are other causes of cerebral hyperæmia which may be occasional or constant, and more or less amenable to the influence of drugs. In such cases the mischief done by opium and many so-called narcotics, and especially by stimulants, is not even yet fully appreciated. A few careful directions to the patient would be of great value when prescriptions would be worse than useless. On the other hand, medicine is sometimes of immense value. From recent articles relating more or less to our subject we shall proceed to cull a few points.

Last year in the *Archives Générales de Médecine* (May and June, 1877), appeared an article by Dr. Williams, which gave a careful analysis of the views of different writers on insomnia, leading to the following conclusions:—

1. Sleep is the result of a diminution of cerebral cell activity, induced by the fatigue or exhaustion following mental or bodily exertion. These physical conditions modify the vaso-motor system; the afflux of blood to the brain is reduced, and a condition of temporary anæmia takes place. The cerebral activity is thus diminished, and sleep follows, during which the nervous elements are repaired. 2. The cause of insomnia is a persistent abnormal activity of the cerebral nervous elements, due to some internal or external irritation. It may also be due to active congestion of the brain, which causes abnormal functional activity of its cellular substance. 3. Insomnia may also be the result of a peculiar nervous condition, associated with general anæmia, in which, owing to changes in the nervous elements, there is a modification in the circulation of the brain. 4. In the treatment of insomnia it is important to first ascertain its cause. Slight cases are usually successfully treated by general hygienic measures. 5. Insomnia occurring during acute or chronic maladies cannot, as a rule, be rapidly relieved. Therefore, while awaiting the recovery of the disease, the symptom is to be treated with hypnotics, at the head of which is opium and its alkaloids. 6. Morphia is the most somniferous principle of opium. Narcein and codein, although less active in this respect, leave fewer traces of headache and *malaise*. Opium preparations are more particularly useful in insomnia associated with pain. They are contra-indicated when there exists any cerebral congestion. 7. Bromide of potassium has a much less powerful action than opium. Its use is indicated in those cases due to excitement of the cerebral circulation, in which opiates are useless and injurious. It has been employed successfully as a calmative in children. It is contra-indicated in cases of marked anæmia. 8. Sulphate of quinine, like the bromide, appears to exercise the action of relieving the congestion of the cerebral nervous elements. 9. Hydrate of chloral is an excellent hypnotic in almost all cases of insomnia, but it is to be given with caution to persons suffering from dyspnœa, cardiac affections, or great debility. 10. The insomnia of old persons or patients suffering from great debility or anæmia is sometimes successfully treated by tonics, stimulants, and hydropathy.

In the *Lancet* of June 15, 1878, there is a lecture by Dr. Sawyer, of Birmingham, who ventures to speak of the psychic form of insomnia, in which a severe and sudden emotional shock of a depressing kind—as grief at the death of a child, a parent, or a wife—will sometimes induce at once persistent insomnia, which will only yield to carefully directed therapeutic procedures. Prolonged mental strain, in all its varied phases, is a more common cause of sleeplessness. He says: The subjects of this form of insomnia are mostly men, and mostly men of the nervous temperament, using the phrase as indicating a distinct type of outward form, of manner, of habits, and of tendencies. A man of distinctly nervous temperament has a quick manner; if he do not know us well, he fidgets with his hands or legs when he is talking; he speaks abruptly, earnestly, and loquaciously, and he frequently recalls his statements to correct them, splitting up his phrases and modifying his adjectives in his anxious desire to express the finest shades of truth. When he becomes a patient he is harassed about some trivial symptom; he has felt his heart beating, and he fancies he has some deadly cardiac disease; he thinks his memory is failing, and he fears he is going mad.

A man who has suffered much from insomnia becomes the subject of a well-marked group of symptoms, most of which are given by certain writers amongst the signs of cerebral hyperæmia. It is probable that they mark what may be called irritable exhaustion of the brain, attended by more or less abnormal increase of intracranial vascularity, and accompanied by some general prostration of the bodily powers. Here are the signs as described by Dr. Sawyer. The patient has a dull and listless look; his eyes are wanting in vivacity; the upper lids may droop a little, and they may appear slightly swollen; his complexion is sallow. He complains of headache. This is of two kinds, which may coexist or occur separately; the commoner is a dull pain felt over the whole of the vertex, together with a vague and wide-spread feeling of oppression in the head; the other is a sharp, shooting pain, which comes on suddenly in single flashes, and which gives the idea of a knife being driven through the head from one temporal region to the other. Occasionally the patient feels a momentary sense of giddiness; this may cause him to make a false step, but it never lasts so as to give rise to staggering. The skin of the head, especially in the neighbourhood of the sagittal suture, may be tender. There are noises in the ears, in one or in both, and which are more or less peristent They may come on suddenly and without apparent cause, as when the patient is engaged in quiet conversation, or they may only occur when the attention is closely occupied, as in writing a letter or casting up figures. These noises are usually of a low-pitched whistling character. A striking sign is a slight impairment of hearing. The patient may be unaware of it, but those who live with him have noticed that he often asks them to repeat what they say to him because he could not quite catch their words. He may complain of seeing spots before his eyes, little cobwebby black lines which come and go and float about, or bright, bluish, phosphorescent-like specks which are fixed one before each eye, and which only appear when he first directs his eyes towards an object. There are some abnormal sensations in the skin; not a feeling of formication, such as often arises in organic nervous disease, but a sharp, transitory, and isolated pricking, as of the movement of a single pin, which endures only for an instant, and affects either the limbs or the trunk, mostly the former. There may be a peculiar twitching of muscles. It is not a vibratory tremor, such as occurs in progressive muscular atrophy, nor is it a contraction of a whole muscle, or of a group of muscles, such as arises in true convulsion.

But while the patient is sitting still, and wholly independently of his will, a considerable part of a muscle becomes the subject of rapid clonic movements. These movements mostly occur in the lower extremities, but they are rarely sufficient to move the limbs; they usually affect the lower part of one vastus internus, and last for about a minute. The patient can feel the movements directly by simply attending to the affected part, and he can also feel that the muscle is moving by applying his hand to it. In such a case there is often unnatural and painful sensitiveness to external impressions. The patient craves for quiet. A bright light troubles him. Noises, the sight of moving objects, touches (as of the hand of a friend upon his shoulder), annoy him. There is not an increased sensitiveness to external impressions, but impressions which are enjoyed or unnoticed in health become irritants. Altogether the picture thus given will induce many to say that pyschic insomnia is only a new name for "fidgets," while some of the symptoms have long passed as "biliousness."

With regard to treatment, no success will be attained by the indiscriminate use of drugs, and the observations made in our first paragraph must therefore be allowed full weight. Still we may as well lay before our readers the following suggestions from an article by Dr. W. A Hollis, in the *Practitioner:*

One of the most efficient means of inducing natural sleep is by the application of mustard poultices to the abdomen. In cases where sleeplessness arises from worry, abdominal flatus, or other annoyances, this remedy is invaluable. Schuler states that large sinapisms applied in this way produce first dilatation and subsequently contraction of the vessels of the pia-mater in trephined animals. They may thus act as do pediluvia and warm compresses to the abdomen, by diminishing the amount of blood in the brain. The same writer says that cold abdominal compresses and the cold-pack produce at first dilatation of these vessels, and subsequently bring about an energetic contraction of the cerebral vessels, which lasts for some hours.

When the insomnia depends upon brain exhaustion, the administration of a tumblerful of hot claret and water, to which has been added sugar and nutmeg, is of great value. Both the syrup and the spice, in this instance, are hypnotics, according to Preyer and Cullen. The mixture must be taken just before bedtime. In slight cases of wakefulness (as we all know) the reiteration of certain word-sounds mentally, at the same time drawing a slow and deep inspiration between each word, is occasionally sufficient to produce sleep.

When sleeplessness is associated with acid dyspepsia, the alkalies and alkaline earths, especially the carbonate of magnesia and bicarbonate of soda, are very useful. In cases where the indigestion is owing to a sluggish peristalsis of the stomach and upper intestines, a full dose of Gregory's powder, or ten grains of the compound rhubarb pill, will remove disagreeable epigastric sensation and induce sleep.

The posture of the sleeper is of some importance. Many persons can sleep in their arm-chairs by the fireside, who court the fickle god of sleep in vain when lying upon their beds some few hours later. The posture of the dozer and the surroundings of such a fireside-nap sufficiently account for his somnolence on physiological grounds. When sleeplessness results from an over-worked brain and consequent paresis of the vaso-motor nerves, the stimulus of electricity has been resorted to. Althaus recommends this treatment. Two large pads are used with a Weiss' constant battery of from ten to fifteen cells. One pad is placed over the nape of the neck, the other, which can be conveniently made of an old reflector, and covered with chamois leather, is placed over the stomach. The anode is applied to the back, the cathode to the stomach, for about half an hour at a time.

In the wakefulness arising from defective cardiac power, on the other hand, it frequently happens that digitalis, by strengthening the force of the heart's beats, drives the blood into the capillary system more vigorously, and relieves the congestion of the central organs and the anæmia of the extremities. By thus equalising the circulation, we diminish the necessity that previously existed for an increased flow of blood through the cerebral vessels, and so we promote sleep.

By many therapeutists the bromides of potassium, sodium, ammonium, and camphor are supposed to possess hypnotic properties, but he considers them sedatives of the nervous system, but not true sleep producers — a conclusion in which we think the majority of practical men will not coincide.

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PELVIC PERITONITIS—RETROFLEXION.

Prof. T. Gaillard Thomas in a recent clinical lecture on these two diseases, published in the *Medical and Surgical Reporter*, remarked that pelvic peritonitis, or, as it is sometimes called, peri-uterine peritonitis, has been known in a general way to the profession for a very long time; but it is only within the last twenty-five years that the subject has attracted the attention and received the consideration which its importance really demands. There are certain tracts or portions of the body in which inflammations often occur in an isolated manner, without spreading to contiguous parts, notwithstanding the fact of there being a continuity of structure between them. Thus, we have inflammations of the larynx, of the trachea, of the large and minute bronchial tubes (the latter constituting what is known as capillary bronchitis), and yet it is comparatively rare for an inflammatory process in any of these tracts to extend to the others. The same is true in regard to pelvic peritonitis, in which the inflammation has little tendency to spread to the upper portion of the peritoneum.

Pelvic peritonitis is an affection without a knowledge of which it is impossible to get along in the study and treatment of the diseases of women. There are thousands of females in every country who have been the subject of it; though it is not very often that a case is met with in which its results are shown in such a marked manner as in the present instance. In the case related, Dr. Thomas showed that probably a very large desposit of lymph took place all over the organs situated upon, or immediately above, the roof of the pelvis, extensive masses of it forming between the uterus and the bladder anteriorly, and also between the uterus and the rectum. That deposit became organised, remained in the pelvis, and was the cause of her symptoms.

"The first one," Dr. Thomas said, "is leucorrhœa. After the acute attack had passed off there was left a low grade of inflammation, which has been started up afresh from time to time by some peculiar irritation, and the leucorrhœa is one of the effects of it. Next, disparunia is a very marked symptom. During sexual intercourse the uterus is ordinarily movable, and it is to this mobility of the uterus that the immunity from unpleasant consequences is invariably due. But here, as I have said, not only the uterus, but the whole roof of the pelvis, is fixed. The pain in the back which the patient has mentioned is, no doubt, simply of a reflex nature.

"What is the prognosis here? Is there anything that will cure the condition that we have found to be present? Emphatically, no. If you were to put this patient upon what is called a "mild course" of mercury, or other absorbents, or the persevering trial of blisters, or other means of counter-irritation, you will only put her to a great deal of useless trouble and expense; for I feel convinced that at the end of a year of such treatment the pathological condition of the pelvic organs would be precisely what is to day. But not only this; the general health of the patient would, in all probability, be worse than it is now, on account of the interference with the digestive function and the impairment of the blood by the remedies employed. But, you ask, is nothing to be done for her? Yes, I reply, something. In the first place we have already done her no small amount of good, financially as well as physically, by preventing her (if she will take our advice) from going about from one physician to another, vainly seeking successful treatment for an incurable difficulty. But we can still further benefit her by instructing her to abstain wholly from sexual intercourse, and to remain perfectly quiet at the time of her menstrual periods. In addition, she should take such gentle laxatives as will prevent the accumulation of fæcal masses in the rectum; for, in such cases, these are a frequent source of pain, as well as, at times, of new inflammatory action. Finally, she should have the best of food, and such roborant agents as quinine, iron, and the bitter tonics. These would be given, not with the idea of having any special effect upon the condition of the pelvic organs, but simply for the purpose of sustaining her strength and maintaining her system in the best general state for bearing up under the pain which is inseparable from the pathological results of the peritonitis. As I have remarked, mercury and other absorbents would be utterly useless, and when lymph has become so thoroughly organised as it is here, treatment by counter-irritation can do no possible good. You will please note carefully, however, that I am not now speaking of pelvic peritonitis in general, but only of its manifestations in this particular case, and others similar to it.

"If the course which I have suggested is pursued here, I have no doubt that our patient will gradually become more and more comfortable, and that during the next five years life will be much more tolerable to her than it has been for the past five years. A time will come when she will obtain almost complete relief from her sufferings, and that is when the physiological atrophy following the menopause has taken place; but this period is quite distant yet, since the woman is now only twenty-five years old."

RETROFLEXION; MISAPPLICATION OF PESSARY.

The use of pessaries has so often been alluded to in THE DOCTOR that we are glad to quote the following from the lecture above cited:—

Two months ago a patient came under medical treatment, and since that time, as we have seen, she has been a great deal worse. I do not wish to criticise the treatment merely for the sake of criticism, but in order that I may inculcate a useful lesson by showing you wherein it was imperfect. On making an examination *per vaginam*, I found the uterus completely retroflexed, as I have told you; and yet there was a pessary in the vagina, which had been put there for the express purpose of holding the fundus up in position. Between the cervix and the body of the uterus there was a deep groove, in which the posterior arm of the pessary had buried itself, and there was also a sulcus of sufficient depth and length to accommodate my little finger, which the instrument had caused in the vaginal walls. Now, what has caused the great aggravation of the patient's symptoms within the last two months? The pessary and nothing else. The difficulty is this: The pessary has been applied (as I see pessaries put in every day) while the uterus was still in a malposition, with the expectation that the instrument was going to replace the organ. It is just as if a surgeon should apply a splint to the extremities of the fragments of a broken bone, with the expectation that the splint would replace the fragments, instead of first doing this by extension, counter-extension, and co-aptation, and then applying the splint to hold them in place. I would not be illogical enough to say to such a practitioner, never use a splint; but what ought to be said to him would be, learn how to treat a fracture before you attempt it.

It is possible that I may be mistaken here, and that the physician may have replaced the uterus before introducing the pessary; but, as I have said, this method of using pessaries is, unfortunately, very common, and it is altogether unlikely that the uterus should have forced itself down in spite of the instrument, if the latter was put in after the organ had been restored to its normal position. If the latter was the case, however, I have no criticism to make upon the case.

A word in regard to the use of pessaries. If, on making conjoined manipulation, or passing the uterine probe, the fundus does not remain in position after an instrument of this kind has been introduced, take it out at once; and if you cannot get the fundus into its proper place, then do not put in any pessary at all. At the end of forty-eight hours, or, at all events, within a very few days after the introduction of a pessary, you should always make an examination, and if you find that it is not holding the uterus up in good position you should remove it and put in another. If you cannot find one that will do this properly it is a great deal better that the patient should be left without any instrument whatever in her vagina.

HISTOLOGICAL CHANGES IN THE UTERUS.

With regard to the histological changes observed in various conditions, Professor Courty, in the "Séance de l'Académie, 27me du Mai, 1877," said :—

1. In the uterus, as in all the organs, we observe the histological developments and changes which characterise all general diseases ; and the changes, or rather the elements which characterise them, present here the same structure, the same origin, and the same terminations as elsewhere.

2. In the uterus, as in all the organs, we often find the changes of tissues, that is, the constituent elements of these tissues, to correspond with the original development, the evolution of these same histological elements, and also with the nutritive changes to which these are subject by virtue of their proper manner of existing, or by virtue of the influence of the various morbid localisations. Such are the characteristic alterations in inflammation, suppuration, engorgement, atrophy, hypertrophy, fatty degeneration, vascular changes, &c.

3. In the uterus, however, the histological changes of which we have just spoken differ from those in other organs on account of their greater frequency and their more rapid course, this corresponding to the proper vitality of the uterus. Furthermore, the changes which here at times manifest themselves have no analogy with any other organs, neither for the form nor the activity of development ; further, the various tissues of this organ are in a continuous state of progressive or regressive evolution—always an instance of organisation and disorganisation ; and, moreover, a thing peculiar to this organ is, that its tissues, although definitely arranged, contain elements absolutely embryonical in nature, a circumstance never seen in any other tissue, nor found ordinarily outside of a pathological condition, save in the embryo. And these elements give the anatomical signs most affirmatively of this characteristic state of continuous evolution, of active organisation, an unstable equilibrium, vacillating constantly between a tendency toward hypertrophy and a tendency toward atrophy—which is that trait of organisation of the uterus at a time the most marked and the most peculiar.

Commenting on this, Dr. L. S. Oppenheimer remarks in the *Louisville Med. News* :—

These conclusions of Courty must seem additionally interesting when we remember what a comparatively small amount of connective tissue is contained in the normal uterus (to which fact may be ascribed the rarity of interstitial suppurations here). This connective tissue however, may so hypertrophy as to give rise to absorption of the muscular elements, and thus we have what Thomas terms *areolar hyperplasia.*

The mucous membrane is also somewhat unique in its structure, its blood supply, as well as its store of glands, being exceedingly great, these conditions essentially disposing the organ toward being the seat of inflammations and of catarrhal troubles. It is thus easily understood how follicular polypi and other tumours, solid or cystic, granulations, &c., even true concentric hypertrophy, may have their beginning in a simple hypertrophy of the mucous membrane, extending itself into the papillæ, the superficial vessels, and epithelium, attacking the glandular elements, &c.

Indeed the maladies of the uterus, whether these originate in a local or a general cause, are in the main due to the exaggeration of some normal function or some form of normal development or normal change. This is comparatively truer of the uterus than of any other organ, because no other organ is so *inherently* susceptible, if I may be allowed the expression—inherently susceptible by virtue of the above-mentioned attributes.

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Splernotomy.—Martin, of Berlin, reports another successful case. The record now is ten cases, three recoveries.

THE AVOIDANCE OF PAIN.

The Address delivered in the Section of Surgery at the meeting of the British Medical Association at Bath.

By GEORGE W. CALLENDER, F.R.S.

I know of no alloy to the satisfaction a surgeon must feel in being allowed by your favour to preside over this section. His first words should give expression to his thanks for the honour which has been conferred upon him. Such words are mine.

Beyond this, however, it is his privilege to speak to you on the subject which interests us so deeply—the science and the art of surgery. In the age to which this Association has flourished, your President has an advantage over his earlier predecessors in that he can look back upon the work which has been done in connection with this section, and can reckon up many important advances in our knowledge of surgery which have been first made public under the auspices of the Association.

I prefer, for myself, to look forward, and to endeavour, with your permission, to try to interest you in a subject for which you must forgive me if I seem to be in any way too earnest in my pleading, for I do feel respecting it most anxious that it should commend itself to your favourable consideration. From the wideness of its relations, it is, I think, a fitting one to be spoken to by your President, who should, I conceive, always endeavour to put before you matters of broad interest and of general professional concern.

Whilst engaged in the study of the treatment of wounds, one could not but be attracted to many side considerations. To one of these it is that I venture to ask your attention, and in doing so I preface my remarks by this statement.

An operation or an accident wound can be so treated that the patient from first to last shall be free from pain ; and in the treatment of many other troubles, a great deal of pain may be avoided by forethought and care on the part of the surgeon.

Next to insuring the life-safety of our patients (and I think we may assert that the mortality after injuries and after operations is not a tithe of what it was, even in comparatively recent years), surely it is something to endeavour to attain to, that we may promise a patient, who can under an anæsthetic pass without suffering through an operation, that he may be sure of convalescing without an ache or a pain from the handling and dressing of his wound, and to feel confident that our promise will be borne out.

Now, what are the causes of pain ? Why do patients make the varied complaints which we group together as those of pain ? How various are those complaints ? I often ask the sick to describe to me the sort of pain from which they are suffering. If we except certain odd and only occasional replies, I find that they adhere to the descriptions which from childhood they have been taught to associate with pain. There is tenderness to the touch, there is the sense of throbbing and of shooting or of darting, and there are dull aching pains, or there are pains likened to some chance experience of the past, a revival of some old association—the pain is like that which attended a cut, or a burn, or the rubbing of a blistered surface.

But it is not pain alone, that is, in the ordinary acceptation of the word, with which we have to deal, and it is not the patient's description of his kind of pain which is of importance. It is the cause of his discomfort, or of his pain, to which attention must be directed if we are to learn how to prevent them by obviating the conditions out of which such troubles arise.

I say it is not pain alone. There are various sensations, not strictly of a painful nature, and yet causing restlessness, and hence causing pain. Such are the impressions after an amputation, which make the patient fancy that the hand or the foot cut off still remains part of his body, or still needs to be steadied by muscular action. As he dwells upon the sensation, or as the muscles assume their accustomed vigilance, the muscles which lie in the wound, and with which foot or hand movements are usually made, are apt to fidget and grow irritable; then they cramp or jerk, and prevent rest, and so interfere with the process of repair. But this local condition begets general restlessness, and this is added to the muscular trouble, which latter may induce what is termed jumping of the parts concerned in the wound, especially when the patient is falling off to sleep, so violent may be the muscular contractions and loosenings.

This trouble arises from education, and from oversight in the treatment of a wound.

From education if, for some time prior to the amputation the muscles have been trained to keep a joint, such as the knee or ankle, in a state of rest. During such training the muscles relax from the state of contraction when sleep begins, and then follows that jerking of the limb, causing pain in the jarred joint, and so arousing from sleep, which is so well known to surgeons as one of the distressing symptoms attending joint-diseases. It may be obviated by the use of weights so applied as to steady, under slight extension, the affected part irrespective of muscular action. If it have not been so obviated, the training to which the muscles have been subjected will live in the stump, and the result will be that the muscular relaxation at the oncoming of sleep will shake the wound, and cause severe pain, unless, indeed, the stump have been so supported as to rest easily and equally in its bearings, and free to swing with the chance movements of the body.

In cases in which this trouble, the starting of a limb, has been strongly marked before an operation, as it often is, more especially with disease of the knee-joint, I recommend that the nerves exposed on the face of the stump should be stretched so as to numb, and, for a time, to quiet, the muscles supplied by them, or by nerves in association with them through a common plexus of origin; and if, in addition, the stump be properly secured and swung, the pain and unrest which might otherwise have followed the operation from the starting of muscles will be effectually prevented.

From some oversight in the treatment of the wound. There is an essay by an old French surgeon, M. Pouteau, in which he treats of the dislocations of muscles, and the discomfort and restlessness caused by their being displaced from their natural relations. Now, for the comfort of a patient, we should always be sure that the parts of a wound are, so far as may be possible, in their natural positions; for instance, that the relations of tendons are normal, or, taking the face of a stump as an illustration, we should be certain, before the wound is closed, that the several muscles and tendons, in the thigh or forearm for example, are in their proper relations one to another. If they be not, if they be dislocated, they will lie in unrest, and the patient will feel the discomfort due to their displacement. The discomfort may not be great, but it is one the cause of which is easily avoided. If, again, muscles have been long fixed in one position, and if an operation have to be performed, if possible (it may not always be feasible) we should place the parts so that they may rest after the operation with the muscles in the position to which they have been tutored. If we do not, the muscles, with cramp, or in trembling, will show how ill they bear their altered relations, and again a sense of pain and discomfort is established; and to this I may add that, when we can, it is as well, before operating, to train parts for a position which may be needed after an operation; not only do we thus accustom the patient to an unusual and perhaps irksome position, but we may learn that certain positions are individually unbearable, and we have then to devise others in their stead. We cannot have a better illustration of the good of this training than in an instance to which I have often referred, the making a child wear some bands of strapping over the lip and cheeks before operating for a hare-lip. He does not resist and fret over the dressings which are needed after the operation, having been broken in to their use. It is a rule with me never to saw through a knee-joint for genu valgum, to amputate a limb, or, in a word, to perform any operation which involves subsequent confinement by splints or an unusual position without, whenever it is practicable, training the patient as suggested, in order to accustom him to the restraints.

When practicable, a wounded part should be suspended and balanced so as to lie at rest independently of all chance movements of the body. The muscles otherwise would be on guard to protect the injured structures from such movements. The protection is at best imperfect; but Nature at once recognises the help given by an evenly-balanced support, and the muscles lie inactive and free from liability to start. I am sure that, if these details be attended to, we shall never have our patients complaining of the discomforts which are due to muscular restlessness.

There are, however, yet other conditions dependent upon muscles which require attention, and I may refer to these under the head of orderly and of disorderly actions.

One illustration of either will suffice. After the removal of a tumour of the breast the wound is, of course, influenced by the orderly movements of respiration. If we leave the wound comparatively free all moves together; but if we over-tightly compress and bandage the parts the skin will cling to the dressings, whilst the deep surface follows the movements of respiration. A state of unrest is established between the two surfaces, which is an obstacle to success and a cause of pain. This is orderly action.

If, on the other hand, we attempt to change the dressings of an amputation of the thigh, we find that the muscles will start and jerk the moment the dressings are disturbed, and with the jerk not only is there pain, but parts just united are liable to be sundered. This is disorderly action. So we learn never to attempt such a change of dressing without fixing the limb by suitable appliances, so as to give to the part that sense of steadiness which prevents the starting of muscles. It may, however, be necessary, in dressing a wound, to put in action certain muscles which are then apt to move spasmodically, causing great suffering by their disturbance of a wound. How this may be avoided I will mention when referring to the treatment of breast-amputations.

Let us next consider two common causes of unrest and of pain, viz.: first, tension of wounds; and, secondly, distension of wounds. We often hear complaints from patients of tightness about a part, and one is surprised to find how slight a change in the bearings of a dressing will often give relief. After a fracture, say of the tibia, has been put up, the sense of discomfort is often promptly arrested by cutting with scissors the edge of the bandages to a trifling extent; or if the patient complain of discomfort about the ankle, we do not slacken the side splints, but we tighten the strap which secures the side-splints just below the knee, and thus and at once the strain is taken off the lower end of the limb and the patient is relieved.

I am in the habit, when it has been necessary to use bandages or strapping for the security of a first dressing, of always dividing some twelve hours later the confining bands, without otherwise disturbing the appliances. No better example of the relief thus afforded can be had than after an ordinary operation for strangulated hernia. It is quite needless, it is true, to apply any firm compress or tight bandage after any such operation, but suppose that a piece of carbolised lint is laid over the wound, protected by gutta-percha tissue, and that a turn of a bandage round the hip and upper part of the thigh secures this, a certain amount of swelling, which, so far as my experience goes, always follows an operation, ensues. The bandage over the abdomen is cut, at once the ends separate an inch or more, and the patient gives expression to a sense of relief; a piece of strapping bridges across from one portion of the divided bandage to the other, making the dressing again secure, whilst the distension, which was beginning to cause uneasiness, and which might have occasioned restlessness and sleeplessness, is no longer a source of trouble.

Another cause of uneasiness is the condition arising from the collection of fluid in a wound—distension—in contradistinction to that general infiltration of a part which gives rise to what I have termed "tension" simply. Often, in visiting a patient some hours after an operation, I used to find him restless and complaining of pain about the wound. On examining it, there would be tenderness, and perhaps a little redness about its margins. If a probe were introduced, a few drops of blood-stained serum would well up by its side, and would continue to ooze into the dressing along the track thus made for it. Then, and immediately, the tenderness and the blush are dissipated, and the patient is at ease. It is in this one sees the beginning of a trouble which, in my experience of the past, hardly ever received attention in this its earliest stage; but which was the commencement, at least, of great constitutional disturbance, was the first step in the occurrence of diffused local inflammation, and, in my opinion, by the directly poisonous action of the serous fluid when simply reabsorbed, was the cause of much of that blood-poisoning which was formerly often the cause of death after surgical operations, but which is now known to be a preventable complication. It was a knowledge of the liability to trouble from this source which led surgeons to leave wounds of depth freely open, and thus to lose the advantages of primary union. It is, I consider, amongst the most important factors in the successful treatment of a wound, that distension from accumulation of fluid should be prevented by well-devised drainage, and by the use of this, an important cause of pain and of restlessness has been eliminated.

But, if the greater distension from fluid collecting in a wound be prevented, there is another lesser unrest of the parts, due to the swelling of the edges of the wound, when these are brought into contact by sutures which are thus tightened, and this discomfort is increased if any strain is borne by the sutures which join these edges. Under such circumstances, there soon arises irritation about the line of should-be union, and primary adhesion is imperilled. This has induced us to use, when such strain may be looked for, what I term "main stays," that is sutures carried deeply through the wound from a considerable distance on each side, so arranged as to bring its edges together to a great extent, and yet, whilst relieving tension of the lesser stays or ordinary sutures which join the edges of the wound, placed so far away that the irritation, if any, where they press on the skin, can have no influence on the repair of the actual margins of the wound. Here, again, in a small matter of detail, discomfort will be avoided by escapement from irritation from the sutures which are used for closing a wound.

It will, I think, be obvious that union of a wound cannot take place unless the parts to be united are kept at rest; and the first and least considered cause of unrest, and with this invariably goes pain, is the swelling of the injured structures and the collection of fluid within a wound, either of which conditions causes disturbance of the parts which should unite; the latter by actual separation of surfaces, and either, by the tightness it occasions, gives rise to pain—pain which may be, and which ought to be, guarded against by the simple provisions which have been named.

Another and better known cause of pain is that which comes from what may be termed coarse handling of a wound. When I recall the manner in which, for instance, the wound after an amputation was formerly handled, the pain, and the dread of the pain associated with its dressing, I cannot but feel strongly in stating that all and every dressing after an amputation may be, and ought to be, conducted without causing the patient the slightest hurt—ought to be, not merely for the avoidance of pain, if that alone were not reason enough, but to insure that perfect rest without which rapid repair of the injury is impossible; in a word, every wound should be kept as immovable as we have long known that a broken bone must be, if its union is to be insured.

In pleading, then, for the avoidance of pain, let me detain you whilst I briefly refer to the management of two very ordinary cases, an amputation of the breast and an amputation of the leg; and let me premise that it is necessary to scheme and to prepare beforehand all the dressings you will require. These dressings must insure support, and rest, and ease.

And here let me mention, if, in dressing a large surface, as after the separation of sloughs after a burn, or when a considerable portion of skin has been of necessity sacrificed in an operation, we find there is much pain complained of in each changing of the dressing, examine the surface carefully, and we shall mostly find there are certain parts painful, and others not so. The painful points are the spots where nerves are lying exposed on the surface; and if such spots be protected with a small piece of isinglass or gutta-percha tissue, all other parts of the wound may be dressed without any hurt to the patient; and this is a means of relief from pain so often coming under our notice, that it is only necessary to mention it to claim for it attention.

Now, take a wound left after amputation of the breast, and let care have been given to staunch all bleeding, and let the line of incision have been so arranged as to leave an end of the wound in a dependent position. The wound may be drained by the insertion of a tube, say of perforated india-rubber, along its entire length, one end being left projecting at the dependent point. I say nothing about the carbolising of the wound, as I am now dealing rather with the treatment so far as pain avoidance is concerned. Then bring the wound together by means of main stays. Then close its edges with silver sutures, from which, as the wound swells, tension will be largely taken by the main stays we have introduced. Apply the dressings, not too tightly, or the movements of respiration will make the costal surface of the wound rub upon the more superficial; and then place the forearm and hand across the chest, and secure them against sudden starts by a bandage lightly passed from the wrist round the neck, supporting the elbow, and to the wrist again. Seven or eight hours later, cut through the strapping with which you will find it the more simple plan to have secured the dressings, and, with a sense of relief to the patient, they will separate an inch or more; a strip of plaster will reunite them, and, whenever the wound has to be dressed, this strip should be cut through and a new one placed over it, the originally applied plaster never being removed, because, especially if from a hairy surface, its removal is attended with much discomfort. When the wound has to be dressed, slip the bandage from the wrist, and then grasp the arm above the elbow firmly in one hand, and with the other move the hand and forearm to a straight line with the arm; then, still grasping the arm, move it out from the side so far as you may think fit. By this guarded movement, you will prevent the sudden and involuntary contraction of the biceps and of other muscles, which, if the arm be not steadied, will assuredly occur, and will be followed by a corresponding jerk in the pectorals, disturbing the wound and causing the patient to cry out with pain. The dressing is then removed and renewed, and, using as I do carbolised oil on lint, protected by gutta-percha tissue, this part of the operation is most simple. See that the draining-tube is acting properly, and renew some tenax in the axilla, or a small sawdust pad, to catch the discharging serum, if any, and then carefully replace the arm and then the forearm to its original position. Tended in this way, we are certain of conducting our case without an ache or a pain, so far as the dressing of the wound is concerned.

I have already referred to the dressing of amputation-wounds, and this model will show the plan, which I described in several of its details before the Association some years ago. The limb is steadied by being secured on a back splint; it is allowed to swing easily whilst so secured, and, by the dropping of the end of the splint, the dressings can be renewed without pain—without, indeed, the patient's knowledge. But, to show how nicely the details have to be arranged, it may be added that the least roughness in handling, causing but a slight jolt of the apparatus, will be followed by a cry of pain, reminding us of the ease with which may be produced the suffering we study to avoid.

I do not speak of the use of opium in its varied forms. My contention is that pain is to be avoided; and, therefore, it is no part of my present purpose to refer to its being masked. Yet, I would add that, as want of sleep begets restlessness and discomfort, it is always well to guard against such trouble by making sure that, after an operation, there shall be good sleep—it matters not at what time of the day, for it is often undesirable to wait for night before giving the sedative. It is, therefore, a rule with me always to give morphia (injected beneath the skin, so as not to disturb the stomach after the anæsthetic) after every operation on adults, and sometimes after those on children.

But I must detain you no longer than is necessary to ask your indulgence for having spoken to you on this detail. Our work is the culture of practical surgery. It is well, no doubt, to inquire into the pathology of disease, and to discuss remote questions of cause; interesting and sometimes important results flow from such inquiries. But, face to face with the practice of our art, it is the question of treatment which forces itself to the front. I have sought to speak to you as from the bedside of the patient: and I venture to hope that we may count it as a practical gain *if*, by careful attention to the details I have mentioned, we can take from operative surgery that dread with which it is so commonly associated—the dread of pain.

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THE PATHOLOGY OF FEVER.

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Dr. Goodridge, at the Bath meeting, devoted his address to the subject of fever. This interests every member of the profession, and we therefore give a large part of the address assured that a careful perusal of it cannot fail to give satisfaction to most of our readers. Having pointed out the large share of the muscular system in the production of the heat of the body, and especially drawn attention to Samuel's views, Dr. Goodridge went on to say:—

But we hasten to the subject of fever. The regulation of heat, we know, is not annulled in fever. It is performed more feebly than in health, but its great and important characteristic is that it is set at a higher degree of temperature. The view that has been taken of the share of the musculature in the production of the normal body-heat, would suggest that in the production of the abnormal heat of fever, we have to do with an inordinate activity of the same tissue. The state of the *voluntary* muscular energy, as we are all aware, is one of marked depression from the first. General debility, impairment of active working power, and indisposition to move, are among the earliest symptoms; but the sensation of weariness and languor, notwithstanding complete rest of the body, and the aching and feeling of soreness in the limbs, may well be regarded as signs of over-exertion, of excessive work of the musculature during suspended volitional activity. The clinical phenomena and pathological alterations have for some time past led observers to recognise that the muscles play a very prominent part in the febrile process. Attention was especially directed to this fact by our late illustrious countryman, Parkes, who pointed out that the muscles are the chief source of the increased production of urea. But we have some additional experimental evidence. Samuel has shown that, whilst in animals in which fever has been artificially produced, location for some time in cold air caused their temperature to sink only a little; in animals similarly treated, who had the four main arteries of their extremities ligatured, or the nerve-trunks of their extremities divided, a very considerable sinking of temperature rapidly ensued. Thus the seat of the heat-production in fever does not seem to be other than in health. In both conditions, upon the musculature is the heat-production incumbent. That this itself undergoes an *increase*, the researches and calculations (calorimetric and by determination of carbonic acid excreted) of Leyden, Liebermeister, and Immermann, must be held to have sufficiently proved.

The experimental study of fever with antipyretics—a new field of inquiry—has recently been undertaken by Carl Emil Buss of Basle, who, we may remark, was one of the first, if not the first, to introduce salicylic acid in the treatment of acute rheumatism. To determine the influence of the antipyretics, either heat discharge or heat production might serve as the starting point of the inquiry. The determination of the heat-discharge is attended with difficulties. It was found simpler and safer to determine the heat-production within the time in which the fluctuations of temperature occur, since this indirectly permits also a judgment concerning the amount of the heat-discharge, and disturbing influences are much more easily avoided. The determination of the excretion of carbonic acid was adopted as being the best criterion of the heat-production of the body in investigations of the kind. The method employed was the same in principle as that of Liebermeister's—viz., placing the patient either recumbent or sitting during the period of observation in a box or small chamber, especially contrived for the purpose. I described this in my former paper. Buss's apparatus differed only in its being furnished with a more complicated system of tubes, designed to give increased accuracy to the results. The antipyretics used were the sulphate of quinine, the salicylate of soda, and the creosotate of soda. The last mentioned is not much known in this country, but is, I believe, both chemically and therapeutically allied to the salicylate. The object was to ascertain what alterations the heat production undergoes when the febrile regulation of heat passes into the normal, that is, when the heat regulation of the fever patient is set to that of the healthy person. The result was quite unexpected; viz., whereas under the influence of quinine a considerable diminution of the carbonic acid production occurred, after the administration of salicylate of soda or of the creosotate, the carbonic acid production continued unaltered as it was before; that is to say, that while both medicaments brought down the temperature much alike, and to the extent of 2 deg. Cent. and upwards (3 deg. to 4 deg. Fahr.), in two or three hours, the quinine reduced the carbonic acid production considerably, but the salicylate left it unaltered. Now this negative, but definite, result of the salicylate, it will be observed, carries with it a positive conclusion of pathological importance; viz,, that by heat-discharge alone, and without diminished heat production, the resetting of the heat-regulation to the normal temperature can be effected. With reference to the quinine, the results are indefinite, and allow the supposition, favoured by other considerations, that along with the diminished heat-production increased heat-discharge is co-operated.

But further, Buss argues that during the fever itself, the heat-discharge must have been *relatively* diminished, although *absolutely* (as has been shown by Leyden) in excess; otherwise, by the law of compensation, the temperature must have returned before to the normal. The fever patient does not give out as much heat as corresponds to his higher temperature. He has, in short, retention of heat. Hence Buss arrives at the conclusion that the febrile elevation of temperature is determined essentially by an arrest of heat-discharge, but by no means by increased heat-production. A due consideration of the processes concerned in the normal regulation of heat, before referred to, and of their correlation and *modus operandi*, would seem to lead *à priori* to much the same conclusion. That fever does not consist in excess of heat-production alone, the case of tetanus suffices to show. Here with inordinate muscular activity, persistent tonic spasm, the heat-production is so great that the maximum heat-discharge is inadequate to meet the demand, and a marked rise of temperature ensues; but immediately we succeed by hydrate of chloral or other means, in subduing the reflex excitability, the adjustment is made and the temperature returns to the normal standard. Nor, on the other hand, does fever consist in diminution of the heat-discharge alone, as Traube maintained; the investigations, already cited, of Leyden and Liebermeister have conclusively established the presence of increased heat production. This, indeed, is a phenomenon which appertains to the essence of fever like the arrested heat discharge; but notwithstanding the co-ordination of the two reflex operations, the arrest of the heat-discharge is for the syndrome of fever, and the disturbance of the normal condition determined by it, of so much greater importance that, relatively to the increase of heat-production, it must positively be placed in the foreground. By fever, then, according to Buss, we are to understand that pathological modification regulation of heat of the body, in which with increased heat production there is relatively diminished heat-discharge, whereby the temperature is elevated above the normal standard.

We are brought now to rather to etiological matters; and, in reference to the causes of the febrile regulation of heat, as manifestly new conditions come in to complicate those which obtain in the normal regulation, we have to consider the operation of those agencies which originally call forth the febrile process, and what part, if any, they take in maintaining the same. The ultimate causes of fever, we have come to learn, lie for the most part outside the body. A *materies morbi*, a pyrogenic virus, is taken into it; how, is not sufficiently known; but in various ways we can, in the warm-blooded animal, artificially produce fever. As to the nature of this virus, we need not to be reminded that recent pathological researches have wonderfully enlightened us. We now know that the virulent matter is not in itself liquid, but particulate, composed of corpuscular particles; that it is not matter possessed of peculiar physical or chemical qualities, but that, in many cases at least, it consists of distinct organisms of their germs, capable of development and endowed with the property of self-multiplication. Only in one or two diseases in man, I believe, have specific organisms as yet been actually demonstrated, but the existence of such in others is capable of indirect proof, and in others still is an almost imperative assumption or a more or less probable supposition. Indeed, if we are prepared to go along with an eminent German pathologist, we shall bring into the category of diseases caused by parasitic organisms, not only those just referred to, but nearly all febrile diseases, acute rheumatism, and rheumatic endocarditis, pneumonia, nephritis, tuberculosis, syphilis, &c.; nay, this authority anticipates the time when all infective diseases—among which, of course, he includes those enumerated—will be classified according to the botanical genus and species of the organisms which have occasioned them.

But to return to the pyrogenic virus in its relation to the proximate causation, the mechanism, of fever. Where the virulent particles, the organisms of germs, are deposited until according to the duration of the incubation in each instance they get into the blood, is, except perhaps in the case of one or two diseases, unknown. That they *do* get into the blood before exerting their special activity, seems admitted on all hands. The arrival in the capillary vessels was pretty conclusively shown by Chauveau's "bistourge" experiments. That these virulent particles, moreover—or, if not themselves, secondary particles developed under their influence, products of decomposition—thrown into the periphery of the vascular system, make their way through the walls of the capillaries and diffuse themselves in the tissues, may perhaps be an assumption not unwarranted by the present state of our knowledge. But here, I need not say, we reach its limits. Much prejudice has arisen in some quarters against speculative views in matters of science, but, in my individual opinion, those of original investigators are entitled to attentive consideration, as at least indicating future paths for inquiry. Buss's theory, then, briefly is as follows. According to him, these particles, escaped from the vessels and free in the tissues, exercise an irritating influence upon the terminations of the sensory or afferent nerves: they gradually again are taken up by the lymphatics, and, returned to the venous blood-stream, circulate afresh, reach the periphery, and so on. Thus there occurs a gradual saturation of the entire tissues of the body with these irritating particles, and a permanent irritation of the entire sensory nerve-terminations is kept up. This will tell upon both the sympathetic and the cerebro-spinal afferent nerves. In the former case, constriction of vessels will ensue; in the latter will develop in a reflex way, in like manner as in normal regulation of heat, an increased passive (this word being allowed) or even active muscular activity, and therewith a similarly increased production of carbonic acid. Accordingly there will be persistently maintained a condition of more or less exaggerated contraction of the peripheral vessels, as also of increased production of heat. This excessive vascular contraction necessarily reduces in proportion the heat-discharge. Also the heat-production is no longer influenced alone by the stimulus of cold, but simultaneously by the irritating particles also. Thus the temperature of the body reaches a definite abnormal height, determined by the intensity of operation of the irritating particles, and will remain at the same so long as the irritating operation continues at the same amount. The regulation of heat, moreover, is set accordingly.

It will be seen, then, that by this theory the kind of influence of cold, and of these pyrogenic particles upon the nervous system, is exactly the same. Both effect in the same way peripheral contraction of vessels, and excite the latent muscular activity. But there is yet an essential difference. The operation of the stimulus of cold is, *eo ipso*, always connected with abstraction of heat, a peculiarity which is excluded in the operation of irritating particles. And as the regulation of heat of the healthy person is adapted to the stimulus of cold—that is, to a stimulus attended with simultaneous loss of heat—and can regulate exactly only for this, it answers necessarily to the irritation arising from the pyrogenic particles in like manner as if it were the stimulus of cold. And as with it no abstraction of heat stands in connection, it follows that the temperature of the body must be raised above the normal. Herein, then, according to this authority, lies the true cause of the febrile elevation of temperature, and the essential reason why, with the most heterogenous causes, always one and the same effect ensues, viz., the febrile elevation of temperature.

Samuel's views on the pathology of fever are more readily told. While recognising generally the mechanism of the heat-regulation, before indicated, he holds that certain matters in the blood of a chemical nature, products of tissue-change, concur with the thermal influences (stimulus of cold) in maintaining the reflex ganglionic centres, which he calls "heat centres," and considers automatic, in their normal persistent excitement; and that the essence of fever lies in an excessive production of these matters (Ganglienreize), which is followed by that of similar matters, supposed by him to be the special stimuli of other automatic centres, and thus is determined an over-action, an abnormal tension of a group of centres. Changes in the blood, then, Samuel regards as the essential *point de départ* of the febrile disorder, whether these changes be called forth by the introduction of foreign substances from without or not. He enunciates his theory thus: "Fever depends upon a simultaneously exalted tension of the automatic heat, and heart-centres, and upon an intercurrent one of the automatic vaso-motor nerve centres, and of the ganglia of the sensorium; that this tension, however, is brought about not directly by introduction of pathological nerve irritants, but indirectly by increased production of the physiological nerve stimuli in the blood." Professor Wood, of Philadelphia, U.S., has recently carried out a series of experiments in the dog, on the effects of section of the spinal cord upon the evolution and production of animal heat; but, as far as I can gather from a brief report of the same, with no very novel results. He found, as others have done, that at a low external temperature, after section of the cervical cord, there was increased evolution, with diminished production of heat; while, at a high external temperature, both the production and evolution of heat were diminished. The animal died in winter of cold, and in summer lived much longer on account of the high external heat. Wood attributes the fall of temperature, as likewise others have done, to paralysis of the vaso-motor nerves of the arterioles at the surface removing the restraint upon heat-loss, and this, of course, is one factor in the result. But the main one is clearly, as Samuel's experiments show, the paralysis of the muscular nerves, and the consequent suppression of the heat-producing processes of the musculature. Here may be the proper place to observe that, neither from these experiments, nor from any other source, is a quite satisfactory explanation yet forthcoming of those rare, but still well-authenticated, cases in which, after accidental injuries of nervous centres in man, or artificial lesions of the same in animals, remarkably high temperatures have occurred, and with a cool surrounding. The possible existence, however, of an inhibitory centre, perhaps in or near the upper part of the cervical cord, has been before duly recognised.

Leaving to others more competent the task of criticism, I may yet be permitted a word or two. It appears to me, then, that Buss has conclusively shown that a *relatively* diminished heat-discharge is an essential constituent of the febrile condition. That the pyrogenic particles, or "irritatants," as he calls them, should select the sensory nerve-endings for their special operation, if ultimately proved to be correct, must at any rate, for the present, be taken as pure hypothesis, and, as far as I know, unsupported by analogy. Samuel seems to regard increased heat-production as predominant in the genesis of fever—this being, as we have just seen, the result of an excessive production of his also hypothetical ganglion-stimuli. He, however, *does* appeal to analogy, citing an observation of Ranke's in the frog—viz., that urea and hippuric acid exercise a direct influence upon Setschenow's reflex inhibitory centre. In the higher animals also, as is well known, the respiratory centre is affected by the condition of the blood; but the analogy hardly serves further, for it has been found that it is not the excess of carbonic acid which affects the centre, but the deficiency of oxygen.

As was intimated at the outset, there are some authorities who do not admit the dependence of fever upon alterations of the nervous system, but contend that it originates in the living tissues, and is from first to last a disorder of protoplasm. This is the view of our eminent English pathologist, Burdon Sanderson, as maintained in his elaborate article in the *Local Government Scientific Reports* of 1875. His argument seemed based very principally upon certain experiments of Murri, a Florentine physician, made upon the dog. Having first divided the cervical cord (which produced a cooling), Murri injected fœtid pus under the skin; whereupon, he affirms, the temperature rose quite as much as after injection of the same in animals not operated on. But these experiments, as detailed in the original Italian publication, have been carefully examined by Handfield Jones, and he considers the results do not warrant the statement made. "Though some elevation of temperature followed the injection of pus," says the latter able physician, "yet it never reached fever-height in rectum or skin, and soon fell again considerably." And, in reference to another experiment, "it is clear that the pyrogenic effect of the pus did not avail to bring up the temperature to the normal, and consequently the result was not such as in animals with sound cords." Three years and more have elapsed, and one has heard of no repitition of these experiments or other evidence confirmatory of Murri's statement. On the contrary, Samuel's experiments prove, as we have seen, that alike the febrile heat and the normal heat are dependent upon the musculature, and that when this is paralysed, as in section of the cervical cord, the heat of the body is dependent upon that of the surrounding medium. Moreover, the fact remains that no one yet has ever succeeded in producing fever in cold-blooded animals, to whose thermal condition the warm-blooded one is reduced by section of its cervical cord.

Very interesting are the recent observations of Volkmann and Genzmer on the asceptic wound-fever. Its apparent independence of all external infection (as in the case of subcutaneous injuries), the presence of high temperature (even to 40 deg. C.—104 deg. F.) with absence of the ordinary symptoms of disorder, and its harmless course and issue, are remarkable peculiarities. The observers themselves attribute it to absorption of matters nearly allied to the physiological products of retrogade tissue-metamorphosis, instead of to heterologous matters, as in septic fever—an explanation quite in accordance with Samuel's views, but admitted by them to be provisional only. We have yet to learn more about aseptic fever. In reference, however, to the tolerance of high temperature, I must confess myself to be one of those who hold to the doctrine of Liebermeister, that unremitting high temperature constitutes the chief element of danger of fevers generally. While he was the first to insist on this point, practical medicine is not less indebted to him for introducing the antipyretic treatment by which this danger may be in great measure controlled.

A word upon hyperpyrexia. This, as we know, mostly occurs in the course of acute rheumatism or rheumatic fever, and it has long been my conviction that in a majority of the cases the same is due to mismanagment. What determines the remarkable activity of the sweat-glands observed in this disease is not yet ascertained; but a very little consideration suffices to show that in any given case, except for this copious perspiration, the tempe[illegible] would at once be higher; it is just so much natural heat-discharge; and the true indication would be to promote it and assist cutaneous transpiration. But how often is just an opposite course followed! The patient from an exaggerated dread of chill and the painfulness of all movement, is allowed to remain for days together under an impervious load of blankets and counterpane, enveloped perhaps in flannel, his skin uncleansed, reeking in his own exhalations, and with, by-an-by, a copious miliary eruption testifying to the folly perpetrated. Without ignoring individual susceptibilities, I believe it is under these circumstances that rheumatic hyperpyrexia is most prone to arise. A case of my own, some years ago, in which the employment of warm baths (not cold) obviously contributed to recovery, first suggested to me this view, and further experience has only served to confirm it.

It has been said recently by one of our leading men, that all we know of the pathology of fever can be set down on a single page of octavo; and certainly the literature of the subject in our language is, with one or two exceptions, a blank. Yet, what is fever? Is it not the most common morbid condition of the organism? And, again, though it may sometimes be only a trivial disorder, is it not very apt to be as formidable as any we have to deal with, carrying off its victims from all classes of society? We can hardly congratulate ourselves upon this state of things. But lest any should reproach on the one hand, or despair on the other, we may, in conclusion, just look for a moment at the difficulties attending investigations into the nature of the febrile process, and then at what should be encouragment to the same. Under the former head, as we are painfully aware, we have no State aid, but rather the contrary. The method of proceeding, then, being comparison—comparison of the febrile state with that of health—in order that reliable results may be obtained, it is clear that all conditions and circumstances should be similar in the two cases, fever alone excepted. The healthy person should be, like the fever patient, confined to bed, with an equal quantity of clothes, and upon the same fever diet; he should be of equal body weight; further, he should be, in the language of physiologists, in a state of nutritive equilibrium, or brought thereto at the commencement of the period of observation; that is to say, his tissues should be neither growing or wasting; either there must be no therapeutical treatment at all for the time being, or it must be carried out alike in both cases. Failing any one of these particulars, a normal standard of comparison is wanting. Recourse for the purpose to non-febrile invalids, hospital patients, the subjects of chronic disease, is but a poor alternative. More satisfactory, in some respects, have been observations made upon patients suffering from intermittent fever, who could then be compared with themselves in the pyrexial and in the apyrexial periods. Observations upon patients under the influence of antipyretics, a new method, we have already had occasion to notice. As to researches carried on in certain of the lower animals in whom fever is artificially produced, of course the deductions are founded upon analogy. But I have wearied you.

Regarding the *encouragement* to these investigations, I think if we could only realise what it would be to have an effectual control over the febrile process, based, as such effectual control ever must be based, on a thorough knowledge of its pathology, we should want no more. The prospect of such a large accession to the powers of our art should suffice.

"In order that the medical treatment of the febrile process should be perfect," writes John Simon, "the process ought to be thoroughly understood in respect of all the dynamics of its constitution; so thoroughly, indeed, that the bedside practitioner shall be able to apply his counteragents with the precision of one who conducts a merely physical experiment." This is an ideal which, far from the doctrine of despair that fever is essentially beyond our control, and that we must be passive in its presence, is worthy to engage our highest powers and best energies in its pursuit; is worthy of those commissioned to "heal the sick," and in the service of Him by whose Divine fiat ἀφῆκεν αὐτὴν ὁ πυρετός.

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INTERNAL HÆMORRHOIDS.—Dr. Wanneòroucq recommends forcible dilatation of the sphincter ani. "This procedure gives immediate relief, and effects a permanent cure without other interference."

CRACKED NIPPLES, when not caused by constitutional disease, says the *Progrès Médical*, should be washed with the tincture of benzoin. They heal in five days. This treatment does not interfere with lactation.

SPECIAL DEPARTMENT.

REPORT ON OTOLOGY.

MEDICATED COTTON-WOOL IN THE TREATMENT OF EAR DISEASES.

DR. SAMUEL SEXTON, of New York, says:—"In treating chronic purulent inflammation of the middle ear, it is often desired by the surgeon to apply external medicaments which do not increase the humidity of the parts, as moisture is well known to be a promoter of cell-proliferation and its consequences, namely, suppuration and polypoid growth. This also applies to like conditions of the meatus auditorius externus, which may exist as primary affections, or, as is mostly the case, as a sequence to the middle ear disease. For this purpose powders have long been recommended by aurists, but they are objectionable for many reasons, chiefly on account of the difficulty attending their application and removal, and, furthermore, when saturated with secretions they become heated, and are likely to act as a poultice in the meatus if not frequently renewed. Such objections do not apply to the use of water-absorbing cotton-wools, and they have therefore been gradually growing in favour. After more than a year's experience, I have adopted the following method of using wool in the cases under consideration. The cotton-wool selected for use is prepared by such washings as are necessary to free it of oils, &c. When dried, it absorbs water like a sponge, and is known as *water-absorbing cotton-wool.*

"After syringing the ear, the meatus and parts beyond are dried by passing a suitable brush, formed by winding some of the wool tightly on the end of a vulcanite carrier made for this purpose.

"The meatus being dried is now ready to receive the medicated cotton-wool—(the wool is medicated by saturating it with the proper solution of the medicine to be used. The wool when dried is ready for use.) This is prepared for introduction into the meatus by being rolled rather loosely upon the end of the carrier, the diameter of the roll being usually a little smaller than that of the meatus, and about two or three centimetres long for adults. It is then gently inserted into the meatus down to the diseased parts, when the carrier is withdrawn with a twisting motion, leaving the wool in the meatus.

"It is now frequently advisable to urge the wool further down, which may be done either with the blunt end of the carrier, or by seizing it with Gruber's rectangular dressing forceps. The wool can be left in the meatus as long as desired, as its presence is usually well borne by the patient: but if we use a strong medicament it is best to leave it in but a short time. Mild astringents, however, can remain for ten or twelve hours if the discharge is not great. Where there is much discharge the wool should be removed as fast as it becomes saturated, and this can be done by the patient or the nurse as readily as the thorough instillation of medicines in solution.

"The medicated wool can be advantageously used in some acute cases, where the secretion is free. I have found the following formulæ convenient:—Borax, 20 per cent.; sulph. zinci, 2 per cent. Sulph. zinci 5 per cent., tannin 5 per cent. Salicylic acid 5 per cent.; alum, 5 per cent., ferri sub sul. 3 per cent.

"The salicylic acid preparation has been found beneficial in purulent cases where there was an offensive odour.

"In cases where polypoid granulations are a feature, I use the ferri sub sulph., iodine, carbolic acid, and other remedies which are difficult to keep ready prepared, may be used by dipping plain wool into solutions of them at the time of using."

TINNITUS.

This affection is the subject of a pamphlet by Mr. D. Hemming just issued (Baillière). It consists of a reprint from the *Students' Journal*, in which various forms of tinnitus are classified.

THE SEMICIRCULAR CANALS.

In a paper read before the Paris Academie, in reference to Cyon's "nerve of space" already referred to in THE DOCTOR, we find that in the *Archives Génerales de Médecine*, February, 1878, he describes the semicircular canals as the peripheral organ of a new sense, "the sense of space;" that is, the impressions which are produced by irritation of the ultimate nerve fibres in the ampullæ of the canals give us the appreciation of the three dimensions of space each canal corresponding with one of these dimensions. The eighth nerve Cyon divides of into two nerves of sense—a nerve of hearing and a nerve of space. The irritation of the ultimate fibres of this organ of space he thinks occurs in a mechanical manner through the otoliths of the ampullæ, which are set in vibration by every active or passive movement of the head, and also, perhaps, by vibrations of air, the oscillations of which are transmitted to the labyrinthine fluid by means of the drum membrane and conducting apparatus of the middle ear. The experiments of Flourens and others previously established the fact that the semicircular canals are intimately associated with the co-ordination of motion and with equilibrium of the body.

VERTIGO.

Some recent papers by Dr. Edward Woakes, in the *Lancet, Brit. Med. Journ.*, and also in the *American Journal of the Medical Sciences*, are based on new neurological investigations. The anatomical data on which he bases his theories are worthy of careful consideration in studying further the phenomena of labyrinthine vertigo, and are thus analysed by Dr. Orne Green in his able report for the *Boston Medical Journal.*

The labyrinth of the ear derives its arterial blood from an entirely different source from the tympanum. While the latter is supplied by branches of the carotid artery, and discharges its veins into the internal jugular, the former—the labyrinth—is supplied entirely from the vertebral artery and discharges its veins into the superior petrosal sinus. The vertebral artery derives many of its vaso-motor nerves from the inferior cervical ganglion, and these nerves communicate by anastomosing fibres with the brachial plexus. This lower cervical ganglion furnishes the principal inhibitory nerve of the heart, namely, the inferior cardiac nerve, and thus this nerve is in close relation with the nerves which regulate the supply of blood to the labyrinth.

The brachial plexus is also closely related to the circulation of the labyrinth, for, in addition to the nerve fibres connecting the plexus around the vertebral artery directly with the brachial nerves, branches pass from the lower cervical ganglion to the brachial nerves. Through this connection Woakes explains the fact which has been noticed by Weir Mitchell and others, that gun-shot injuries of the nerves of the upper extremities are followed by vertigo, a phenomenon which does not result from similar injuries of the nerves of the lower extremities. The vertigo from these injuries he would thus consider to be a labyrinthine vertigo, due to disordered circulation in the labyrinth through the vaso-motor nerves of the vertebral artery.

Still another connection of the inferior cervical ganglion is pointed out, which brings the stomach into relation with the labyrinthine circulation. A fasciculus is given off from the pneumogastric nerve near the recurrent laryngeal, which passes to the inferior cervical ganglion, and impressions thus proceeding to this ganglion may be transferred to the inhibitory nerves of the vertebral artery, and in this way influence the circulation of the labyrinth.

In fact, then, we have in the inferior cervical ganglion an organ connecting the upper extremities, heart, stomach, and upper portion of the digestive organs with the circulation of the labyrinth through the vaso-motor nerves which control this circulation. From any irritation we may have a wave of diminished inhibition which, relaxing the walls of the vertebral artery, produces an increased flow of blood to the labyrinth, thus causing pressure on the endolymph of that cavity. Such a pressure means, physiologically, dizziness. In the disturbance of one or more of these "sympathies" may be found the cause of simple labyrinthine vertigo without any previous ear disease.

The argument of Dr. Woakes, if accepted, would prove that the ganglia of the sympathetic system so connect or "correlate" distant regions that it is impossible for one of these regions to undergo any alteration without the occurrence of a corresponding change in any other region with which the vaso-motor fibrillæ of a given ganglion connect it.

Tobacco and large doses of quinine have the power of diminishing the vascular innervation which regulates the calibre of the blood-vessels, and thus regulates the flow of blood. The bromide preparations, and especially the acidum hydrobromicum, have the power of increasing this vascular innervation, reducing the calibre of the vessels, and diminishing the flow of blood. From the action of these two agents on the vaso-motor ganglionic system Dr. Woakes explains the specific effect of quinine, namely, tinnitus aurium, and the antagonistic effect of hydrobromic acid. He narrates several cases were the internal administration of hydrobromic acid has produced favourable results in subjective noises and vertigo.

SUBJECTIVE NOISES FROM REDUCED VASCULAR TENSION.

Dr. B. W. Richardson, among the functional diseases from the abuse of alcohol, classes subjective noises in the ears as one of the symptoms often present with alcoholic dyspepsia, muscæ volitantes, vascular changes in the skin, &c. These noises, appearing as ringing or buzzing sounds in the head sometimes are heard suddenly, and for short intervals, sometimes continue for a long time. They are caused, he says, by reduced vascular tension, especially of the internal carotid artery, which passes for nearly an inch through the carotid canal of the petrous bone, in very close relation with all the structures of the ear, but more particularly with the tympanum, from which it is separated merely by a remarkably thin osseous wall. The tension of the arterial walls being relaxed the artery is distended by the blood, its walls lie in close contact with the bony walls of the carotid canal, and the vibration of the blood is thus communicated to the bone, and thence to the ear, the amount of vibration heard in the ear varying with the inconstant tension of the arterial walls. He has known such complete and prolonged relaxation of the artery that for many months together one continuous murmur, compared to the sound of a torrent of water, or the grinding of a mill, or the whistle of a steam-engine, has been a subjective symptom of the most distressing character. Speaking of nervous diseases from the use of tobacco, Dr. Richardson traces to this a disturbance of hearing similar to that of sight.

EXOSTOSES OF MEATUS.

Several cases of exostosis have been recorded in which the growth has been removed by means of Bonwill's dental engine, which cuts away large masses if necessary, and which may also be used for more superficial operations. Thus, we find in the *Lancet*, of July 20th, a case related by Mr. Fielding, in which ivory exostosis of both ears was successfully removed after the manner first proposed by Dr. Matthewson, of New York. The growth was so large that it almost completely blocked up the meatus. It was also deeply seated. On one side inflammation and perforation of the membrane succeeded the operation, but the operation, lasting altogether seven hours, has been completely successful, the hearing being regained. Probably the dental engine will come into more general use, but it must be manipulated with skill and care.

Dr. Cassels separates distinctly exostoses or circumscribed bony growths in the meatus from hyperostoses or hyperplasia of the walls of the meatus. The exostoses, he says, are different from the hyperostoses in their origin, situation, and shape; they are benign, are always situated on the posterior wall of the meatus, and are found only in the inner half of the passage, that is, in the osseous meatus. They are peduncleated, and originate in the periosteum of the mastoid close to the meatus. They begin with a subperiosteal abscess over the mastoid, which enters the meatus either at the point where the cartilaginous joins the osseous portion of the passage, or else they rupture through the cartilaginous meatus. This abscess discharges for some time; finally, vascular granulations spring up on the edges of the opening, the cells of which are gradually converted into bone cells, and thus an osseous tumour is formed, the size and shape of which depends on the size and shape of the previous granulations. After complete ossification has taken place there is no increase in the size of the tumour. He advises a free opening into the abscess, and removal of any granulations which have developed; after the exostosis has once formed it can be excised by means of a small écraseur carrying a fine steel wire, or, if the meatus has become filled with the tumour, by electrolysis.

THE TREATMENT OF OTORRHŒA.

Gruber (*Allgemeine Wiener Med. Zeitung*, Nos. 1, and 2, 1878), in narrowing of the meatus, produced by the continual irritation of the passage from pus arising from the deeper parts, has found pledgets of charpie or bougies of laminaria digitata, previously smeared with ointment, extremely useful in enlarging the canal by pressure, and states that after restoring the natural calibre of the canal, douching with warm water has often been sufficient to allay the deeper ininflammation when uncomplicated. In otorrhœa aristng from an inflamed drum membrane he applies an artificial membrane of linen to the inflamed surface, covering the linen with a salve composed of zinc oxide 0.20 and unguentum emolliente 10.0, or of red precipitate of mercury 0.1 and unguentum emolliente 10.0. The same treatment is extremely satisfactory in affections of the middle ear with perforation of the drum membrane, the artificial covering protecting the parts from external influences. In inflammations of the tympanum with destruction of the drum membrane, accompanied by exudation and a swollen tympanitic mucous membrane, medicated gelatine globules are a convenient and effectual method of making astringent applications which it is desired should remain and act for a long time. These can be prepared with sulphate of zinc, tannic acid, borax, carbolic acid, or nitrate of silver, in the proportion of 1—10 in 100. After thorough cleansing and drying of the ear the globule containing the desired medicament is passed into the tympanum, and there left slowly to dissolve, the meatus being closed by cotton. If the affection of the ear is painful similar preparations of aqueous extract of opium or of morphine can be used in the same way.

ACUTE INFLAMMATION OF THE LABYRINTH.

Schwartze has reported the autopsy of a case of this kind in which he found purulent deposits near the Gasserian ganglion between the temporal bone and dura mater, but no caries of the bone. The cochlea, vestibule, and semicircular canals contained sero-purulent fluid and degenerated pus-cells, but no connection between the intra-cranial disease and that of the labyrinth could be traced. Nevertheless, the history of the case showed that the ear was primarily affected; since earache, deafness, vertigo, tinnitus, &c., were present for seventeen days before well-marked meningitis set in, which proved fatal in three days. This case is perhaps a little more clear than some which have been recorded on account of an autopsy having been performed, but it is scarcely so conclusive as to put an end to the doubts of those who question the occurrence of primary inflammation of the labyrinth.

FIBRO-SARCOMA.

Burchardt-Merian relates, in the *Archiv. für Ohrenheilkunde*, xiii., 1, a case of malignant disease supervening upon chronic otorrhœa. The patient suffered intense pain, which was not relieved by morphia, chloral, ice, leeches, &c. A firm growth protruded from the upper wall of the meatus, the membrane was destroyed, there were some caries of the promontory. After a time the mastoid became affected, and an attempt was made to open the cells, but unsuccessfully, on account of the sclerosis of the bones. After eleven months the patient was about to be discharged, as it was thought he exaggerated his sufferings, when pneumonia set in, and proved fatal. At *post-mortem* a fibro-sarcoma was found arising from the dura-mater, just above the inferior petrosal sinus, extending into the aqueductus vestibuli to near the flow of the meatus internus, where it divided into two. One part entered the vestibule, and the other extended to the sheath of the internal carotid, to which it adhered.

Prof. Gradle, in the *Medical Journal and Examiner*, sums up the evidence about the canals thus—

1. We are able to perceive the direction, rapidity, and angular extent of a passive rotation.
2. The organ for this perception is situated in the head.
3. Reflex compensatory movements of eyes (and other muscles) occur during a passive rotation, for the purpose of maintaining the equilibrium of the body and the correct appreciation of the static condition of the external objects.
4. These compensatory movements do not occur when the vestibules and canals are extirpated and the eyes closed.
5. Lesions of the semi-circular canals are followed by phenomena identical with those seen during the dizziness after a rapid rotation. In short, we are forced to recognise in the semi-circular canals an organ for the perception of rotary motion.

THE TELEPHONE.

Dr. A. Hartmann, in the *Proceedings of the Berlin Physiological Society*, proposes a new application of the telephone for testing the hearing. It rests upon the fact that, when the magnet of the receiving instrument is excited by a galvanic stream, the intensity of the tone transmitted can be altered at will by the introduction of various resistances, or of Du Bois Redmond's compensator into the circuit. By this means it is easy to measure comparatively in different persons the limits of hearing by applying the telephone to the ear, and noticing the amount of resistance necessary in order to extinguish a sound of standard intensity.

ORIGIN OF THE CHORDA TYMPANI.

Prof. Vulpian has lately communicated to the Academy of Sciences of Paris a paper in which he maintains that the chorda tympani is derived from neither the facial nor Wrisberg's branch, but from the trigeminus.

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ABOUT BOOKS.

The Roll of the Royal College of Physicians of London, comprising Bibliographical Sketches of all the Eminent Physicians named in the College Annals, between 1518 *and* 1825. By William Munk, M.D., F.S.A., Fellow of the College. Second edition, revised and much enlarged, 3 vols. London. 1878.

These volumes will be found full of interest to a considerable number of readers. The progress of our oldest medical corporation is to some extent traced in the successive biographical sketches which Dr. Munk has so industriously brought together. Of course he has availed himself of all kinds of references, and we are indebted to him for a careful search through the musty records which relate to the College, from its inception under Bluff Hal, down to so recent a date as to include several living worthies. Of course, for the most part the College Roll includes only physicians, and after all, these are only a regiment in the great army of the profession. Still, as the history of a regiment is often cherished, and enshrines deeds of which the whole army is proud, so the division, of the profession represented by a single College, may represent a very large proportion of medical progress. As the oldest College—the one, too, which has the advantage of being located in the metropolis—it had the opportunity of drawing to itself the most successful English physicians, and with them, naturally, those whose works continue when success is as nothing. A College which enrolled both Harvey and Sydenham, as well as many of their greatest followers, is one of which its members may well say that it boasts a history. That history may be told in various ways, but none could be more enticing than the story of those who are found on the rolls. The learning and the discrimination displayed by Dr. Munk in his arduous enterprise, entitles him to the thanks of the College, and of many outside readers. Solid and reliable information is here given, and naturally takes an interesting form, so that it is not necessary to dress it up. The work will find a place in many non-medical libraries, where it will be a frequent source for references respecting the English physicians of the past. Now that the author has brought it down to our own time—unless some equally zealous worker can be found—we would almost suggest to him that a work of larger scope, one embracing all the leading members of the profession, whether surgeons or physicians, to whatever College they belonged, might perhaps enable him to continue a labour which we feel sure has been one of love.

The work opens with the charter of Henry VIII., and a sketch of Linacre and his coadjutors in the foundation of the new institution. Soon after comes Caius, under whose presidency Oxford was reproved by the College for admitting improperly educated persons to medical degrees. Thus at a very early date the College assumed the highest tone of medical morals. Later on comes Harvey, and considering how much has been written about this great man, our author deserves great credit for the careful biographical sketch here furnished. There is a very interesting account of the Marquis of Dorchester, the loyalist learned noble, who in 1658 joined the College and became a great benefactor to it. Here and elsewhere we have some glimpses into that most interesting period of our history, the English Revolution. Not that doctors' lives are by any means political, but continually in private memoirs there crop up incidents of historical value, as they give unexpected glimpses into the life and events of the period.

Sydenham is a name that must need make us pause for a moment. Unfortunately, too little is known of his life, and the anecdotes recorded are many of them unworthy of credit. He never held office at the College, was only a licentiate! But it does not follow that this fact was due to official enmity, or even neglect, as has been insinuated. Dr. Munk properly points out that he did not proceed from his bachelor's to his doctor's degree for 28 years. Probably this was because he set no store by academical distinctions. At any rate, during that time the College bye-laws excluded him from the fellowship. No doubt it would be pleasant to record that he had been President, but the College is not perhaps to be censured, because he modestly remained a licentiate, for Dr. Munk assures us he never sought the fellowship. The fact is, times were different, and we are not inclined to blame the College for what at first sight seems a flagrant omission. Let the exclusions in our own times be judged by their own circumstances; some of them need no doubtful case from so long a past to reinforce their condemnation. There is a circumstance which seems to show that our English Hippocrates did not feel agrieved in this matter, and which we offer to Dr. Munk. One of the portraits now in the College was presented by his son, William Sydenham, M.D., about two years after the father's death. Had there been any feeling of ill-usage, a son, who was himself a physician, and could fully understand the case, would probably have known it, and would not have offered the portrait to a College which had done him such injustice. This son William, too, curiously, never became a fellow, though his name reached the top of the licentiates. Very little is known of his history, the date of his death being unknown. At any rate the College in those days had not developed its modern penchant for promoting the sons of distinguished fellows, though this is most observable when their fathers are in office.

Lower, Willis, Sir Thomas Browne, Sir J. Clarke, Radcliffe, Mead, Sir Hans Sloane, Akenside (but not Goldsmith), Heberden, and many other historical names greet us in the first two volumes, while in the third we reach quite a number of those whose influence is still felt, and a few who are yet living. Thus altogether we have a most interesting record, from which we have only culled a few items. Besides such men, however, we have naturally those of another stamp. There is the infamous Frankland, who forged his degree to palm off on the College, some who were reputed to encourage evil practices during the profligate times of the Restoration, and a few who were otherwise black sheep. Then there are a number of names about which little can be said—men who lived their life as physicians, but left little record behind them, though their lives may have been, and perhaps were in most cases, blessings to those whom they ministered.

Among missing names, the poet Akenside suggested to us that Oliver Goldsmith was not enrolled here. Nor was Jenner, whose beneficial work has immortalised his name. Nor John Hunter—the glory of the sister College —nor many others whose lives would be worthy of Dr. Munk's pen.

What curious points crop up in these volumes may be noticed in that here we meet a sketch of the marvellous adventures of Dr. Dover, the inventor of Dover's powder, who was as much a merchant and privateer or South Sea adventurer as he was physician, and who took Alexander Selkirk on one of his expeditions. Speaking of powders, too, we have the inventor of James's fever powders, Robert James, M.D., a man much esteemed by Dr. Johnson, who said, "no man brought more mind to his profession," but Dr. Munk thinks he tarnished his fair fame by patenting his powders, a very natural remark, considering his eminence as a writer and thinker. His son, Pinkstan James, M.D., was also a licentiate of the College. With regard to patents, they certainly are not half so injurious to the public welfare as secret modes of treatment, and yet Dr. Munk does not condemn the Chamberlains for retaining as a strict family secret the use of the obstetric forceps. This secret enriched the family, but added misery and death to many a household, while the patent remedies—if of any use—were accessible to all. If the Chamberlains had had a patent, others could have used the instruments, but keeping them secret was the direct cause of suffering. It is a question whether physicians would not do better to patent their inventions, and derive something from the sweat of their brows rather than give them to instrument makers, who fatten at the expense of the profession.

The discursiveness of our notice is at least in harmony with the nature of the work before us, but no review can well be full enough to give any further description. We shall only add that the last volume concludes with a brief sketch of the College, an account of its library, and other treasures, and the several Pharmacopœias which it has published. We are much obliged to the author for the entertainment he has afforded us.

Practical Introduction to Medical Electricity; with a compendium of Electrical Treatment, translated from the French of Dr. Onimus, by A. de Wateville, M.A., B.Sc., Assistant Physician to Hospital for Epilepsy and Paralysis, &c. London: H. K. Lewis. 1878.

We are half afraid that many will pass over some of the theoretical considerations which are explained by the author, and rush directly to the more practical directions which he has translated from the writings of Dr. Onimus. These latter may be well known to some of our readers, though others may not be acquainted with them. Advanced students may for a time be well up in the laws of physics, but most busy practitioners are apt to forget them or their applications, and therefore may profit by perusal of a re-statement of them. Our own experience supplies us with a knowledge that electrical laws are often very imperfectly apprehended, even by those who have seen some practice in electro-therapeutics, and a good many books are not all they should be in this respect. Our author makes no pretence to render the subject easy. He expects his readers to follow him, and in some cases we fear they will hardly be able to do so. It is not everyone who has the gift of making abstruse subjects seem easy, and here there is no attempt. Those who carefully follow the author in this part will, however, be well prepared for what follows. The next part relates to apparatus. A large number are described and figured, and thus some notion supplied of the many efforts made to furnish medical requirements. One point, however—price—so often enters into the question of practice, that without it we are hardly in a position to appreciate the many figures. The real scientific differences are carefully pointed out.

The author thinks a "practitioner's battery should be able to develope a force when required of at least 60 volts." This would take 40 or 50 Leclanché, or 60 to 70 Daniel, or Smee elements. The antiquated notions that prevail respecting the quantity of electricity from large elements, are dismissed with contempt, as are many other exploded doctrines, which senior practitioners will find it a task to get rid of. If portability be insisted on, the batteries of Gaiffe and Trouvé will please anyone, but those who do not thus refuse larger apparatus will find others to their mind. Some of the very latest are here described, and the author speaks of a compound separable battery of his own design, which we should think will be found to suit many.

The next part of the book expounds the views of Prof. Erb; in fact, may be looked upon as a *resumé* of that author's work on the subject, and the diagrams from vols. xi. and xii. of Ziemssen's "Cyclopædia," have been lent for the purpose. The concluding chapter is, as we have seen, due to Dr. Onimus, from whom it has been translated by our author. Those who do not read French, will be pleased to have that eminent physician's researches presented to them.

In conclusion, we believe the book will be found useful to those who will take the trouble to follow the author carefully through the more difficult parts. The younger men who have had a good training in physics, will best appreciate it. On therapeutical points the authority of Dr. Onimus is so high that we need offer no comment upon that chapter. Mr. Lewis, as usual, has turned out the work well.

The Throat and its Diseases. By Lennox Browne, F.R.C.S. Edin. With coloured plates. London: Baillière, Tindall, and Cox. 1878.

On taking up this large volume, we are struck with the expensive—we had almost said extravagant—manner in which it is got up; but, as the author is his own artist, and the illustrations are by far the most important feature of his work, he is justified in indulging in the large type and flowing margins so seldom seen in medical books. Like everyone else, we naturally first turn to the plates, some of which are very beautiful, and all of which are carefully drawn. The colouration is, for the most part, as good as colour-printing can be, and some of the figures are unusually natural in appearance. With others, however, we might find some fault were it not that the general execution of the whole is so creditable. We confess that we have a leaning to hand-colouring for plates of this high quality, but what colour-printing can accomplish has here been done.

The first and last plates must be excepted, as they are only auto-types—as such, good ones; but in these two subjects, colour is not needed, and we should have preferred plain black diagrams.

Plate I. gives the normal larynx in eleven figures, which appear to have been copied from Czermack and others; while plate X. gives nine figures evidently after Ziemssen. The plates which the author gives of cases under his own care, are of much more value to the specialist, as well as to the general practitioner. The Rhinal images are also well drawn, but the colour is, we fancy, scarcely so natural as those of the larynx. Fig. 40 shows a common enough case, though the description, "Ulcerations on Posterior Wall of Velum prior to Perforation on the Buccal Surface," will not be very intelligible to the student. Fig. 41 illustrates an interesting case related at page 168, erroneously referred to page 157, in which the author removed granulations on the pharyngeal vault, by galvano-cautery; but this has previously been done in this country.

In Plate VIII. the anæmic condition of the larynx is illustrated with success, a state which Dr. James, we believe, first had the courage to attempt to portray. Other points in this disease are also shown with considerable skill. A number of growths are depicted in Plate IX.; one, a replica of Mackenzie's, and others closely resemble some drawn by the author for that writer's work.

Turning to the letterpress, we must admit that it is scarcely equal to the plates. The author gives no attention to pathology, but confines himself to diagnosis, symptomology, and treatment. This is unfortunate, considering the title of the book, and the author seems to have felt this, for he has inserted a fly-leaf with another title, "A Practical Guide to Diseases of the Throat," which he has also placed on the side of the cover.

There are some brief directions for using the laryngoscope, and a very meagre sketch of anatomy of the larynx. Semeiology takes a chapter, in which each of the symptoms claims a paragraph, and in subsequent chapters the same order is observed, which, though at first sight it gives precision, altogether prevents the word, portraiture, which might be expected in a work in which symptoms are made so important a feature. It is well, therefore, that the plates supply what would otherwise be a great deficiency.

Diseases of the pharynx are grouped together in a manner only to be accounted for by the author's neglect of pathology. Thus at page 97 he speaks of several conditions as only one disease, "Venous Congestion," and refuses to recognise several distinctions; so he groups several affections of the tonsils and refers them to the rheumatic or dartrous constitution.

The chapter on new growths contains some very useful warnings, but we should have liked them rather better had they had less the appearance of being dictated by a spirit of opposition which crops up in various other places. No doubt much injury may be done by unskilful operations, but the removal of growths is usually only undertaken by skilled operators.

In the same way, we notice the author opposes sprays in laryngeal diseases, apparently because others recommend them. He says, indeed, that the function of the larynx is to afford passage to air, not to liquids; but his argument is vitiated by his recommending the frequent introduction of the brush, even in laryngeal phthisis, in which he deprecates iodine inhalations as well as sprays on account of their irritant qualities. In his opposition to sprays, he also argues that but little penetrates the air-passages, a statement quite at variance with the evidence submitted to the Paris Academy, and reported in these columns long ago. Besides, if the sprays do not penetrate, surely they will not irritate. We believe they can seldom do harm, which is at least as much as can be said for the brush. We agree with the author in condemning the too common abuse of glycerine of tannin.

The chapter on Neuroses of the Larynx is largely based on Ziemssen. After this, there is a tabular statement of the symptoms of laryngeal disease, which may be useful to students.

Then follow fourteen pages of formulæ, mostly copied from the Throat Hospital Pharmacopœia, adding greatly to the impression that there is too much book-making, produced by the quotations from journal articles and textbooks freely interspersed throughout the 300 pages of letterpress. The bibliography, however, like the references throughout the work is very scanty.

In conclusion, if the specialist be disappointed with the literary part of this volume, he will be sure to be pleased with the plates, which are valuable contributions to the subject, and display the artistic skill of the author.

Cerebral Hyperæmia, the Result of Mental Strain or Emotional Disturbance. By W. A. HAMMOND, M.D. New York: G. S. Putnam and Sons; London: Sampson Low and Co. 1878.

OUR readers will find in this little work much original and useful thought. The subject is one of increasing importance, considering the great increase in nervous disorders attending the extension of city-life and "civilisation."

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LITERARY NOTES.

Sewer Gas and Ear Disease is the title of a paper by Dr. J. P. Cassells, who has traced a series of cases of ear-disease to emanations of sewer-gas and other unsanitary conditions. His story of his struggle with foul drains deserves to be read and reflected upon.

The same author has reprinted a paper on the *Education of Deaf Children*, in which he pleads for a more rational method of dealing with these unfortunate little ones. This subject, too, is one which deserves more attention than it has obtained in this country.

DR. BYROM BRAMWELL has published a paper on *Aneurism of the Aorta treated with Iodide of Potassium.* He carefully records the history of ten cases, and the perusal of them will be found instructive. In an appendix, Dr. Bramwell gives notes of some other cases simulating aneurisms. This paper is illustrated with eight plates, and the main facts of the cases are collected in a table.

WE have received *Medicinal Plants indigenous in Michigan*, by A. B. Lyons, M.D., a paper read before the Detroit Academy; Mr. Vacher's *Report on the Sanitary Condition of Birkenhead;* Mr. Metcalfe's *Plea for Hydropathic Dispensaries* (Tweedie & Co.); and *Testimonies to the Efficacy of Hydropathy* collected by the last-named writer, in which the value of the medical testimonials is greatly diluted by the opinions of patients.

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BATTEY'S OPERATION.—The *Paris Medical* thus strongly condemns this proceeding. "The operation is not only rash, but it is to be condemned for its boldness. We cannot approve the conduct of a surgeon who thus plays with the life of his patients, especially when we remember the gravity of deep lesions of the peritoneum. We are happy to state that no French surgeon has followed the footsteps of the American."

THE MEETING OF THE BRITISH MEDICAL ASSOCIATION AT BATH.

THE Forty-sixth Annual Meeting was held at Bath, under the Presidency of Dr. Wilbraham Falconer. The meeting opened with Divine service in the Abbey, the Mayor and Corporation attending the service.

The sermon was preached by the Bishop of Bath and Wells, from the text, "I will praise thee, for I am fearfully and wonderfully made." He dilated upon the wonderful mechanism of the human body; yet in spite of the researches of the microscope, and of organic chemistry, we could not yet answer the question, "What is life?" He went on to say that he ventured to charge those whom he was addressing to rise to a full responsibility of what he must call "their sacred office." The influence which the medical profession could exercise in consequence of their knowledge and the nature of their calling was immense, and with the magnitude of their influence so was their responsibility. Yet if the paths of science were to be trodden boldly, still it was meet that they be trodden reverently. A collection was made at the close for the British Medical Benevolent Fund.

In the evening, the first general meeting was held in the Assembly Rooms. In consequence of the recent death of Dr. Eason Wilkinson, of Manchester, the retiring President of the Association, the chair was taken by Dr. Husband, of York, the present Treasurer. A resolution indicative of the sympathy of the Association, with Dr. Wilkinson's bereaved family, was passed unanimously. Then Mr. Watkin Williams, of Birmingham, proposed, and Dr. Phillipson, of Newcastle-on-Tyne, seconded the proposition that Dr. Falconer be President: this was carried with acclamation. Dr. Falconer then proceeded to deliver his address. He said that thirty years ago, the Association then bearing the name of "the Provincial Medical and Surgical Association," had held its meeting at Bath. But of those who held a prominent position, there were but few here now to welcome the third meeting of the Association in that city. Thirty years ago the meeting occupied but two days; now its business could scarcely be transacted in six. Then there were but 1,300 or 1,400 members, now it counted 7,500. He then referred to the growth of the Association, pointing out that this year a colonial branch had been started in Jamaica. The Association had too its Registration of Diseases Committee, whose reports were of great interest. The Association had granted sums of money for scientific research, and the work of the late Prof. J. Hughes Bennett on the action of mercury, and the antagonism of remedies had become widely known, and had led to other similar work. In 1874, a Scientific Grants Committee had been instituted, and the investigations of Profs. Rutherford and McKendrick, of Drs. Braidwood and Bacher, and of Dr. Milner Fothergill had already appeared in the Association's Journal. Recently a sum of £100 had been voted for the investigation of hydrophobia. Recently, Dr. Middlemore, of Birmingham, had given £500, the interest of which was to be awarded triennially for the best essay on the advance of ophthalmic medicine and surgery. He then went on to speak of the position of the city of Bath, and of its water supply. The usual stock matter of these presidential addresses, the water supply, the death-rate, the rainfall were then related; after which he spoke of the mineral waters which had made Bath famous. There were remains of Roman baths, and other edifices in the neighbourhood of the springs. One of these baths was two hundred and forty feet long, by over hundred and twenty broad, which was highly decorated with tesselated pavement, columns and pilasters. In the year 675, Osric visited its hot springs, and founded a monastery. In the twelfth century, the Bishop of Bath and Wells founded baths, and also a hospital for lepers. In the last century, Bath became famous, and now there are bath rooms and pump rooms, and a mineral-water hospital. The volume of water discharged daily was 181,440 gallons. The hot-water spring has a temperature of 120° F., the King's Bath 117°, and that of the Cross Bath 108°. The outflow is not affected by rain or drought. The solid contents of these waters amount to no less than 420 tons in a year. When the waters are drunk direct from the springs they raise the pulse and temperature, and excite the secretions. When their free use produces nausea, it was well to diminish the quantity taken. It was well to drink them twice a day, before breakfast and in the afternoon. They were of great efficacy in gout, and the warm baths often brought out "latent gout" in a beneficial manner. Where deposits were forming, and in "atonic gout" they were very useful. In acute gout the waters were inadmissible. In rheumatism they were of the greatest benefit, often achieving a cure when all other treatment have failed. Palsy was benefited by them. (A picture in the mineral-water hospital shows two eminent Bath worthies of a by past time attending the paralysed, the rheumatic, and a boy with leprosy). He then welcomed the Association to Bath.

Mr. Francis Fowke, the General Secretary, then read the annual report and financial statement, which was of the most satisfactory character. The surplus of the year consisted of £3,000 in Consols, and £2,193 in cash at the bank.

On Wednesday morning a meeting of the members of council was held, and it was determined that the invitation from Cork should be accepted for the next meeting. Dr. O'Connor, Professor of Medicine in Queen's College, Cork, was elected President. After this the Address in Medicine was delivered in the Assembly Hall by Dr. Goodridge, Senior Physician to the Royal United Hospital at Bath.

A vote of thanks was then proposed by Prof. Maclagan, of Edinburgh, and seconded by Dr. Fox.

A meeting of the Poor-law Medical Officers was held, and was presided over by Dr. Rogers. The question of remuneration and the matter of extras occupied the chief attention of the meeting.

In the Medicine Section the President, Dr. Grainger Stewart, Professor of Medicine in the University of Edinburgh, delivered an address of a retrospective nature, speaking of the illustrious men who had occupied that position before him. Several papers were read by Jonathan Hutchinson, Dr. Fox, and others, as to the diagnosis and treatment of intestinal obstruction, after which followed a discussion. In this discussion the chief question raised was the propriety of surgical interference in intestinal obstruction, not only for the purpose of putting the bowel right in cases of ileus, or twist of the large intestine, but of exploratory incisions to see what the nature of an obstruction may be, and as to how far it may be possible to afford relief by Amussat's, or even Littre's, operation. Dr. Gowers then read an *ad interim* report from the Hydrophobia Committee.

In the Surgical Section Mr. Callender presided, and delivered an address, after which Mr. W. Adams, of London, read a paper on "Subcutaneous Division of the Neck of the Thigh-bone." He was followed by Mr. Edmund Owen, with a paper on "The Anatomy of Hip-joint Disease in Children." Mr. Wm. Stokes contributed a paper on "Extension Apparatus for the Treatment of Fractures and Certain Deformities of the Lower Extremities." Dr. J. MacNaughton Jones read an account of "The Results of Treatment of Spinal Curvature (in Fifty Cases) by the Plaster Jacket and Suspension." The adoption of this plan, so ably advocated and so splendidly demonstrated by Dr. Lewis Sayre, of New York, at the annual meeting (in Manchester) last year, is now general, and the results attained gratifying alike to the patient and the surgeon. He followed this account by some remarks on "Morbus Coxarum," showing a specimen with dislocation of the epiphysis of the femoral head.

In the Obstetric Section the chair was taken by Dr. McClintock, of Dublin, who in his opening address, dealt with the subject of deaths in child-bed. Mr. Grace then gave some interesting details of long practice extending over twenty years. Dr. C. H. F. Routh, then described the different forms of intra-uterine pessaries in common use. He was followed by Dr. J. G. Swayne, who discussed the effects of forceps delivery upon the fœtus.

In the Public Medicine Section the President was Dr. Arlidge, of Stoke-on-Trent, where a paper was read by Mr. North, "On the Registration of Disease;" which was followed by a paper by Dr. J. Seaton, on "the Compulsory Notification of Disease." The views taken by these gentleman being somewhat conflicting, Dr. Notter followed by a paper "On the Purification of Water by Filtration."

In the Physiological Section Prof. McKendrick presided, and attracted much attention by his introductory address on "Physiological Acoustics." He described a noise as differing from a musical tone, the musical tone being the result of equal and regular impulses upon the ear, occurring sufficiently frequently in time. This he demonstrated by the use of Helmholtz's syren. He showed by means of flames the effect of a musical note upon them, each flame answering to its own note, and being broken up into a series of tongues of flame as demonstrated by the revolving mirror. The ear, he showed, had the power of discriminating the tones of a certain pitch, it was held by means of bristles in the organs of Corti.

On the Thursday morning the Members of the Association in large number attended the breakfast of the Temperance League, under the Presidency of Mr. Samuel Bowley.

Then at eleven Mr. Wheelhouse gave his address on Surgery.

In the Medicine Section Dr. Althaus read a paper on Lateral and Posterior Sclerosis of the Spinal Cord, which elicited a good discussion. Syphilitic Disease of the Nervous System was discussed in a paper by Dr. Gowers and Dr. Dowse. A paper on Athetosis by Dr. Fletcher Bach; one on Latent Pleurisy of the Apex, by Dr. Clifford Allbutt, and a short note on the Specific Origin of Diphtheria, by Dr. J. C. Ewart, were the leading events in this section.

In the Surgical Section Dr. Fowler read a paper on a Case of Lithotomy where the Supra-pubic Operation was resorted to in consequence of the size of the stone. This was a large mulberry calculus occurring in a boy of sixteen where the bladder was unusually high up. The operation was quite successful. Mr. Teevan contributed an account of Fifty cases of Lithotrity. A communication of the highest value, which unfortunately could not be discussed. Professor Humphry, of Cambridge, read a paper on Successful Removal of Fungus Growth from the Bladder, while Dr. Henry Humphry read a paper on Symmetrical Gangrene in Congenital Syphilis. But the address of the President, on the Avoidance of Pain, must be mentioned as the event in this section. He said that "now from first to last a patient might undergo an operation freed from pain. By anæsthetics the operation was performed without the patient being conscious thereof. Then, by support, rest, and care, combined with the judicious use of morphia, all pain afterwards might be practically avoided." He gave the morphia hypodermically, by which plan the evil effects upon the stomach were largely obviated.

In the Obstetric Section papers were read by Dr. L. Weatherby on a case of Concealed Internal Uterine Hæmorrhage, and by Dr. Marion Sims, on Simpson's and his own operations for Stenosis of the Cervix Uteri compared. Then Dr. Lloyd Roberts contributed a paper on the Differential Diagnosis of Abdominal and Pelvic Tumours, which was followed by one on Chronic Cervico-Endometritis as a cause of Sterility, by Dr. Arthur Edis.

In the Public Medicine Section papers were read On the Organisation of Home Hospitals for Paying Patients, by Mr. H. C. Burdett; on the Late Epidemic of Small-pox at Birkenhead, by Dr. F. Vacher; Dr. Drew discussed the question of How Far the Flesh of Diseased Animals may be Safely used as Food?

On Friday morning, Prof. Douglas Maclagan gave the address on Public Medicine. He contrasted Scottish criminal procedure with that of England, and animadverted on the absence of a public prosecutor in England, and leaving prosecution to the individual. He regarded the office of coroner as virtually obsolete and unfit for the present time. The coroner was a relic of old Plantagenet times, when the jury as neighbours of the deceased might know something individually of the facts of the case. He, however, was opposed to medical coroners; he thought the lawyer on the bench and the doctor in the witness box the true relations of the two.

During this time there was a rapid disposal of the papers in the different sections. In the Medicine Section Dr. Bell, of Bradford, read a very interesting paper on Wool-Sorters Disease. It would appear that certain bales of woollen material, especially alpaca, if wet when opened give rise to a very virulent form of septicæmia. If allowed to dry they become quite innocuous. As to alpaca, it is often pulled from the dead animal after decomposition has rendered its removal easy. The septicæmia so set up may prove fatal in so short a time as twenty-six hours, or even in one case only seventeen hours. If death is not so swiftly induced then distinct local changes are found along with the septicæmia. There was also a paper by Dr. Fothergill, on "Gout at the Heart," and by Dr. Douglas Powell, on "the Elasticity of the Lungs and Chest Walls with reference to the signs of Chest Disease, and especially Pleuritic Effusion," while Dr. Tibbits read a paper on "Embolism of the Right Middle Cerebral Artery, followed by great loquacity. In the Surgical Section, Dr. Walker, of Peterborough, spoke of the treatment of Pott's Disease of the Spine by the plaster jacket applied in the recumbent posture. Dr. Charles Taylor gave a summary of Five Hundred cases of Cataract Extraction, and Dr. C. Higgins "Remarks on One Hundred and Fifty cases of Cataract Extraction." In the Obstetrical Section, Mr. Henry A. Allbutt contributed a paper on "How to reduce to a Minimum the Midwifery Mortality." Mr. Dolan, one on the "Facts of Puerperal Septicism." Dr. P. Smith read a paper on "The Positional Treatment of Pelvic Distortions and Uterine Displacements," and Dr. H. Smith one on "The Treatment of the Pedicle in Ovariotomy."

In the Public Medicine Section, Dr. Seaton read a paper on "The Compulsory Notification of Infectious Disease," which was followed by one by Mr. North on "The Registration of Infectious Disease," the views taken not harmonising. In the Physiological Section, Mr. Urban Pritchard described "The Development of the Organ of Corti." Prof. Rutherford gave a lecture on his experiments on the influence of drugs upon the production of bile, from which it seems that salicylate of soda has a very important action on bile production. At the concluding general meeting the matter of illegally elected members was discussed, when it was decided that those who had been illegally elected, who at the same time were legally qualified should be admitted. Mrs. Frances Hoggan not being legally qualified when elected was of course left out. The chief matter of interest was that of *the medal for distinguished merit* which the Association has instituted. It was decided that it should be charily given, in order to increase its value. Other journal matters followed, and the meeting was over.

BRITISH PHARMACEUTICAL CONFERENCE.

THE fifteenth annual meeting of the Conference was held in Dublin last month. The following papers were read:—

1. Report on the Aconite Alkaloids, C. R. Alder-Wright, D.Sc. Lond., and A. P. Luff. 2. Report on Brucia and the Constituents of Strychnos Bark, W. A. Shenstone, F.I.C. 3. Bismuth Residues, Dr. Letts, F.I.C. 4. Soluble Essence of Ginger, J. G. Thresh, F.C.S. 5. Note on Reichert's Improved Thermo-Regulator, C. Symes, Ph.D. 6. Nitrite of Amyl, Mr. D. B. Dott. 7. Note on Beberia, Mr. D. B. Dott. 8. Notes on the Titration of Hydrocyanic Acid and Cyanides, and its Relation to Alkalimetry, L. Siebold, F.I.C., F.C.S. 9. The Presence or Absence of Sugar as a Normal Constituent in Urine, L. Siebold, F.I.C., F.C.S. 10. The Microscope in Materia Medica, T. Greenish, F.C.S. 11. Miscible Copaiba, L. B. Groves, F.C.S. 12. Baycuru, C. Symes, Ph.D. 13. Note on an Improved Preparation of Ergot, A. W. Postans. F.C.S. 14. Chloroform, A. H. Mason, F.C.S. 15. A Comparison of the Strength of some of the Cinchona Preparations, C. Ekin, F.C.S. 16. The Assay of Cinchona, Mr. J. B. Smith. 17. The Extraction of Emetia from the Deposit in *Vinum Ipecacuanhæ*, G.

Brownen, F.C.S. 18. Adulteration of Drugs, C. R. C. Tichborne, LL.D., &c. 19. Authoritative Formulæ for Unofficial Preparations, F. Baden Benger, F.C.S. 20. Solution of Iodoform and Iodoformed Lint, G. A. Keyworth, F.C.S. 21. Notes on Opium, Mr. B. S. Procter. 22. Notes on the Methods of distinguishing Carbolic Acid, Cresylic Acid, and Creasote, A. H. Allen, F.I.C., F.C.S. 23. On a Reaction of Orange Flower Water, R. Reynolds, F.C.S., and Mr. C. H. Bothamley. 25. Preliminary Examination of Pituri or Pitchere, A. W. Gerrard, F.C.S. 26. Note on *Jacoranda procera*, A. W. Gerrard, F.C.S. 27. Note on the Preparation of Phosphorus Pills, A. W. Gerrard, F.C.S.

IN THE LABORATORY.

A VEHICLE FOR QUININE.

Milk is recommended as a good solvent of quinine, and is said to disguise its bitterness. One grain is said by Mr. Batterbury to dissolve in an ounce of milk,and render it scarcely bitter, while two grains do not make it markedly bitter. Further, five grains dissolved in two ounces do not render it very unpleasant, while, put in a tumbler of milk, the bitterness all but disappears. Mr. Palmer, of the Birmingham General Dispensary, recommends a solution of quinine in glycerine — one grain to one drachm. A dose of this can be given in a wine-glassful of milk. Milk would seem to be a good vehicle in which to give quinine to children, but with regard to solubility we cannot understand why so few doctors make use of the neutral sulphate of quinine, which is soluble in water without the addition of acid, and which, therefore, offers every facility for administering quinine in a liquid form.

SULPHO-MOLYBDIC ACID AS A TEST FOR MORPHIA.

During the recent Chantrelle trial at Edinburgh this test has been brought forward somewhat prominently. In a communication to the *Edinburgh Medical Journal*, Mr. David Brown, of the firm of Macfarlan and Co., says, however, that although this test is good when perfectly pure morphia in the solid state can be used, yet it is practically useless in toxicological cases. Stas's process is the basis of those now generally used for recovering vegetable alkaloids, and in this case the test is inapplicable. To apply it successfully the morphia must be obtained in a state of purity; the presence even of water will interfere with the reaction.

KINATE OF QUININE FOR HYPODERMIC INJECTION.

Mr. Henry Collier, of Guy's Hospital, proposes, in the *Pharmaceutical Journal*, the use of kinate of quinine. He says he has tried a solution of the so-called neutral sulphate of quinine, but even after a second crystallisation its solution was very acid, and it was not more soluble than 1 in 10. Hydro-chlorate of quinine is fairly soluble in warm water, and such a solution has been injected warm, but the result was not satisfactory. In Parrish's "Practical Pharmacy" it is stated that kinate of quinine is soluble in 4 parts of water, and a process is given for its preparation direct from cinchona bark. Mr. Collier, however, procured from Mr. Morson some kinate of calcium, which he converted into barium kinate. This salt is freely soluble in water, and upon adding to its solution sulphate of quinine in powder, the whole of the barium is precipitated and kinate of quinine remains in solution. Upon evaporation the kinate comes out in amorphous masses; even when evaporated under the air-pump over H_2SO_4, the same result is obtained. A drop of the same solution spread over a glass slide and evaporated slowly, shows under the microscope very distinct crystalline tufts. He reduces the solution of kinate to dryness over a water-bath and then powders the residue. The kinate obtained by slow evaporation at ordinary temperatures contains a large quantity of water, some of which it loses by keeping at 90° F., so that to ensure a definite product it is necessary to dry it.

Kinate of quinine is very soluble in water, and its solution is perfectly neutral. The strength of the solution which is used at Guy's Hospital is 1 in 4. He generally prepares ʒj. of the solution at a time by putting into a beaker ʒvj. aq. destil. and ʒij. kinate of quinine, heating until the salt dissolves, which it does almost immediately, and then making up with aq. destil. to ʒj. It is quite possible to make a permanent solution containing 1 in 3, but 1 in 4 is more convenient for use. Even with this strength the syringe requires constant washing, and the solution great attention, as the stopper and neck of the bottle soon become coated with solid kinate. Kinate of quinine has so far given satisfaction, and as it possesses the two great attributes of solubility and neutrality, perhaps this salt will supply a want which has existed.

M. Yvon, in the *Journal de Pharmacie et de Chimie*, recommends the use of lactate of quinine for hypodermic injection, and in *L'Union Pharmaceutique* of last May, the sulphovinate of quinine is stated to be very suitable for the same purpose. It would be interesting to know what results have followed the use of these salts.

EFFECTS OF RHUBARB AND SANTONIN ON THE URINE.

Dr. J. Munk (*Virchow's Archiv., Bd.* 72) found that after the internal administration of both rhubarb and santonin the urine was of a greenish colour, and that in both cases the addition of alkalies changes this to red. Notwithstanding this resemblance there are points of difference:—1. Alkaline carbonates produce the reddish colour almost instantly after rhubarb has been taken, whilst after santonin the change is exceedingly slow. 2. This change of colour of the rhubarb urine by alkalies is permanent; that after santonin passes away in twenty-four to forty-eight hours (if caustic soda be employed, it may last longer). 3. The rhubarb urine, coloured red by alkalies, is discoloured by digestion with steel filings; that after santonin is not. 4. By adding to the rhubarb urine an excess of baryta or lime water and filtering, the deposit retains the reddish colour and the filtrate remains clear; on the contrary, in santonin urine the pigment remains in solution, leaving us a reddish fibrate and an uncoloured sediment.

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JOTTINGS FROM JOURNALS.

The Use of Opium in Cerebral Anæmia and Affections of the Heart.—M. Huchard has pointed out, in the *Journal de Thérapeutique*, the good results obtained by the administration of opium, in patients suffering from insufficiency or aortic obstruction. In the course of certain affections of the heart, when the attacks of suffocation and dyspnœa have acquired an extreme intensity, injections of morphia are of the greatest service. To support this view, M. Huchard, besides his own personal observations, quotes the facts published by Levy, of Vienna, 1867, by Renauld, in 1874, and by Vibert, in 1875. The communication of M. Huchard presents two points deserving of attention:—1st. The popularisation of the employment of opium in affections of the heart. 2nd. The theory by which the good results are explained. M. Huchard recognises that other medical men have prescribed morphia in affections of the heart, but his desire has been to fix the indications and contra-indications of the method. It has been known for a long time that opium in doses of from one to two centigrammes, among other physiological effects, produces slight excitement of the circulation, exhilaration of the spirits, animation of the face, and an increase of muscular power; but if, after the appearance of well-marked phenomena of excitement, the dose be increased from five to ten centigrammes, depression of the circulation and tendency to sleep supervene. Professor Gubler, in his *Commentaries*, insists on the utility of opium in want of stimulation of the nerve centres, due to impoverished or altered blood; and Dr. Vibert, at the end of a memoir published in the *Journal de Thérapeutique*, 1876, concludes that the previous employment of injections of morphia in the operation of thoracentesis, and even in all operations giving rise to syncope, prevents the occurrence of such accidents. M. Huchard employs opium in the hope of utilising its hyperæmient properties on the nerve centres, and particularly on the brain. In patients suffering from aortic obstruction or insufficiency, with symptoms of suffocation, dyspnœa, cold sweats, pallor of the face, &c., he has seen these formidable symptoms disappear after the injection of one centigramme of morphia. If opium be useful in cases of aortic affection accompanied by vertigo, buzzing in the ears, tendency to giddiness, cephalalgia, it is because such symptoms are those of cerebral anæmia, and that cerebral ischemia is a frequent complication, not only of aortic insufficiency, but of aortic lesions in general. Hence, the administration of opium is indicated in the course of affections in which cerebral ischemia is equally met with. In M. Huchard's opinion, as in that of Professor Gubler, opium may be used in certain forms of anæmia, as it acts as an excellent tonic owing to its congestive action on the brain. It may be prescribed for cachectic or phthisical patients, for in such cases, besides the tonic action of opium recognised by Sydenham, we also utilise the power of this medicine to calm the dyspnœa and the cough.

Historical Item.—Most persons regard Homœopathy as a system of modern origin, dating back only to Hahnemann, who brought it into notice about seventy-five years since; Dr. Meryon's History of Medicine furnishes us, however, with the following:—"Gregory I. (surnamed the Great), who filled the papal throne A.D. 590 to 604, and whose name is celebrated in English history from his mission for the conversion of our Islands, affected the most supreme contempt for profane literature, as well as for the arts and sciences; but curiously enough, it was his fate to help most materially the cause to which he was so vehemently hostile; for, although he cared not for science, he endeavoured to propagate his faith in Christianity by sending missionaries to all parts of Europe, many of whom, like Theodoric in England, encouraged the study of literature and medicine. A most remarkable passage occurs in the writings of Gregory, which is probably the earliest, and certainly the most unequivocal ennunciation of one great dogma of the system of Homœopathy, and tends to confirm the notion that that system was practised at this early period. It runs thus:—'Mos medicinæ est ut aliquando similia similibus, aliquando contraria contrariis curet. Nam sæpe calida calidis, frigida frigidis, sæpe autem frigida calidis, calida frigidis sanare consuevit.' The identity of words renders it impossible to read the above paragraph without a suspicion that an old and obsolete tenet may have been reproduced to the world under the garb of a new discovery; but if it be not *absolutely* true that human nature is destined to renew its acquaintance from time to time with exploded doctrines, just as we renew our acquaintance with by-gone diseases, it is an apt illustration of the proverb advanced by an authority far more unerring than we can pretend to, that 'there is no new thing under the sun.'"

Ligature of the Carotid for Hæmorrhage after Erysipelas.—A singular case, for which ligature of the carotid was employed with success, was lately communicated by M. Denucé to the Academie de Médicine. The patient was a young officer who suffered from a suppurating otitis, accompanied first with severe pain, and afterwards swelling in the temporal region, with erysipelatoid redness. Three incisions were made into the swelling, each at a few days' interval. The last was followed by considerable hæmorrhage, easily repressed by the application of perchloride of iron and by pressure. Eighteen days later, while the patient was rapidly improving, a large hæmorrhage suddenly occurred, filling the cavity of the phlegmonous abscess, and escaping in jets at the several openings. Compression and ligature of the temporal artery did not arrrest the hæmorrhage, and the cavity was therefore filled with lint soaked in perchloride of iron, which for the time stopped the bleeding. Two days later it recurred, and was arrested by the same means, but a considerable increase of the sloughing inflammation was the consequence, and the abscess spread to the region of the jaw, and thence a fresh hæmorrhage occurred externally and into the mouth. Compression and perchloride of iron were again resorted to, but the patient had become extremely anæmic, and evidently unfit to bear a fresh hæmorrhage. The common carotid was therefore tied, the tumefaction of the upper part of the neck being too great to permit of ligature of the external carotid. The huge temporal cavity was then emptied, and its blackened walls dressed, with slight pressure, and daily washed out with a solution of "coal-tar saponine." The walls rapidly presented granulations, and at the end of a month cicatrisation was almost complete. The ligature fell without any disturbance, and the patient rapidly recovered.

The Active Principle of Ergot.—Theodor Blumberg, in an inaugural dissertation published this year at Dorpat, alludes to previous researches into the active constituent of ergot. Recent investigation had shown this to be extracted by water, but to Dragendorff and Podwissotzky belongs the credit of having isolated the active principle, which is an acid. Earlier investigations had shown the existence in ergot of alkaloid substances. Wenzell found in 1865, two amorphous alkaloids, one of which he called *ecbolin*, the other *ergotin*. In 1875, Tanret described a crystalline alkaloid, to which he gave the name of *ergotinin*. Two years later, Podwissotzky found an alkaloid substance as an admixture of the *sclerythin*, which was distinguished by its active physiological effect. This received the name of *picrosclerotin*. Blumberg has endeavoured to ascertain whether the substances called by Wenzell ecbolin and ergotin are individuals, or whether they are one and the same alkaloid. In addition he has tried to find some method of obtaining picrosclerotin in large quantity, and of isolating ergotinin. With regard to the first of these points, after considerable investigation, full details of which are given in his dissertation, Blumberg expresses the opinion that ergotin and ecbolin represent one and the same alkaloid. He also gives at length the methods employed to obtain picrosclerotin and ergotinin, both of which are very easily decomposed.

Severe Nervous Affection resulting from a Collection of Worms in the Intestinal Canal.—Weiss of Neusiedel-am-See, sends notes of the following case to the *Wiener Med. Presse*, 1878, No. 12. He was sent for to see a boy of six, whom he found in bed with closed eyes, occasional involuntary movements of the hands towards mouth and nose, and left angle of the mouth somewhat retracted. His face was flushed; the body-temperature increased; sordes upon the lips; the tongue dry and fissured; pupils decidedly dilated; pulse small and frequent; the heart beating violently; breathing short and quick, and occasionally interrupted by a short cough. There were no physical signs of lung-trouble. The abdomen was distended and meteoric; careful palpation showed a somewhat hard nut-sized swelling in the region of the great intestine. From the beginning of the attack there had been more or less constipation, which had been complete during the last four days. The history was as follows:—The boy, previously perfectly healthy, had been ailing for some six or seven weeks. He had lost appetite; had become feverish; changed colour from a dusky flush to deadly pale, many times through the day; talked in his sleep; complained of pain in the abdomen and head; had an unusually staring look from his eyes. In addition he had suffered nausea without vomiting; coughed occasionally, and picked his nose and mouth. For twenty-two days he had not left his bed. The physicians who had attended the case had taken it for gastric fever, with hydrocephalus, teething, typhoid, &c. Weiss, however, in his account of the case, observes that none of these affections last so long as six to seven weeks. The various symptoms in his opinion pointed to a hyperæsthesia, a reflex excitement of the nervous system, the cause of which in so young a child must be traumatic, mechanical, or parasitic. The decided swelling in the intestine indicated a helminthic trouble in that region; and Weiss, on questioning the child's mother more closely, found that for some months previously he had been ailing on and off, had had "flashes of heat," was occasionally delirious, and sometimes tossed all night on his bed. On learning further that a Viennese professor had cured him of a somewhat similar trouble some time before by the administration of a "laxative tea," Weiss made up his mind as to the proper course to pursue, and ordered at once a mixture containing santonin, together with an "anthelminthic plaster" to the stomach externally. A few hours later the child waked from his stupor, and expressed the desire to empty his bowels. Seven passages followed in the course of a few hours, partly composed of compact fæces, partly of a brownish fetid fluid, and containing numerous individual worms of the variety *oxyuris vermicularis*. Finally, two whitish balls the size of a pigeon's egg were discharged, composed of mucus compacting together countless worms, which, by their continual wriggling, made the masses move in the fluid in which they floated like living things. The child from this time recovered rapidly, becoming conscious at once, and quite well in a few weeks.

Frew on Battey's Operation.—Dr. Frew, in reporting (*Ohio Med. Rec.*) a case of removal of both ovaries by abdominal incision, for obstinate dysmenorrhœa complicated with hysteria, where great improvement of the symptoms resulted, reviews the operations that have thus far been done. The conclusions are interesting as showing that we are beginnning to formulate our ideas as to the cases in which this operation is applicable. There are in all twenty instances, according to the records: twelve by Dr. Battey, of Georgia, six by Dr. Sims, one by Dr. Sabine, and one by the writer. In ten of them but one ovary was removed; in eight of the cases no permanent improvement followed; in two, one of Dr. Sims' and one of Dr. Sabine's, cures were reported. These unfavourable statistics have caused Drs. Battey and Sims to abandon the operation. In ten cases both ovaries were removed. Leaving out of the account two cases in which death can be accounted for on grounds apart from the operation itself, two, or twenty-five per cent, died of peritonitis. Of the remaining six, four were cured permanently, one was much improved, and one was not benefited. Seven of the cases were treated by incision of the abdominal walls, thirteen through the vagina. In view of the results, Drs Battey and Sims are inclined to think that abdominal incision is best adapted for the majority of the cases. As for the expediency of the operation in comparison with ovariotomy for tumour, it may be said that the patient has to decide between almost certain death on the one hand, and a fair prospect of cure on the other; in the former "she has to decide between a life of suffering (it may be a long one) and a capital operation, which, if it do not kill, may not cure." What then, it is asked, are the indications for the operation? First in order come cases of obstinate and inveterate hysteria, complicated or uncomplicated with incurable, palpable disease of the generative organs. Secondly, a condition of severe dysmenorrhœa, that cannot be relieved by other treatment. Thirdly, absence of the uterus, the patient suffering from undelivered menstrual molimen. Fourthly, complete incurable atresia of the vagina. Fifthly, presence of uterine fibroids which endanger life by hæmorrhage. When the tumours cannot be safely nucleated, the ovaries may be removed with a fair prospect of producing atrophy of the uterus and growths, as practised by Trenholme, of Montreal, and Hegar, of Freiburg.

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Her Majesty's Indian Medical Service.—At the competitive examination held at Burlington House on the 12th August, 21 candidates competed for 15 appointments. Nineteen were reported qualified, two having retired during the examination. The following were the successful candidates:—

	Marks.		*Marks.*
1. J. H. Sweeney	... 2261	9. H. B. Briggs	... 1954
2. D. F. Barry ...	... 2252	10. C. G. W. Lowdell	1940
3. G. F. A. Harris	... 2247	11. A. S. Faulkner	... 1760
4. J. Anderson ...	... 2245	12. C. Mallins ...	... 1640
5. C. J. Bamber	... 2218	13. R. M. Allen	... 1530
6. E. H. Dumbleton	... 2120	14. E. M. Damla	... 1490
7. M. O'Dweyer	... 1997	15. H. St. C. Carruthers	1472
8. W. P. Carson	... 1965		

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DEATHS.

Barker.—On August 8, at Hungerford, Berks, Richard H. Barker, M.R.C.S.E., aged 63.

Bond.—On July 26, at Stalham, Norfolk, Garrett Bond, M.R.C.S.E., aged 61.

Bremner.—On August 10, at Chippenham, William Bremner, M.R.C.S., late of the H.E.I.C.S., aged 90.

Budge.—On July 24, at South Shields, John Tait Budge, L.R.C.P.Ed., aged 33.

Burnup.—On August 5, at Derwent Place, Newcastle-upon-Tyne Martin Burnup, M.D.

Colgan.—On August 20, at Kingstown, Henry Colgan, L.R.C.S.I., L.K.Q.C.P.I., late Surgeon 3rd Lancashire Militia, aged 54.

Dorsey.—On May 16, at Ipswich, Queensland, William McTaggart Dorsey, M.D., aged 61.

Drew.—On August 6, at Stow-on-the-Wold, Gloucestershire, after a tedious and painful illness, James Drew, M.R.C.S., aged 64.

Hartshorne.—On August 18, at Broseley, Frederick H. Hartshorne, L.R.C.P.Ed.

Helston.—On July 20, at Rotherhithe, Frederick Anthony Helsdon, M.R.C.S.E., aged 37.

Hickson.—On August 4, at Huntriss Row, Scarborough, John George Hickson, M.D., aged 47.

Hunter.—On August 8, C. Hunter, M.R.C.S., son of the late Dr J. C. Hunter, Wilton Place, aged 48.

Ireland.—On July 26, at Linton, Edward Ireland, M.R.C.S., aged 40.

Johnston.—On August 2, on board H.M.S. *Himalaya*, on the passage from Cyprus to Malta, Wingate Kidd Johnston, L.R.C.P.I., surgeon, H.M.S. *Pallas*, aged 24.

Kemp.—On August 13, at Gell Street, Sheffield, Geo. Kemp, M.R.C.S., aged 61.

King.—On July 19, at Oakham, Rutlandshire, Francis Turner Welby King, M.R.C.S.E., aged 55.

Lawton.—On July 16, on board the *Taymouth Castle* (homeward bound), Dr. Joseph Lawton.

Lynn.—On July 27, at Claygate, Surrey, William Bewicke Lynn, F.R.C.S.E., aged 92.

Marriott.—On August 15, at Swaffham, Norfolk, suddenly, of acute inflammation, Hugh Buchanan, youngest child of Robert Buchanan Marriott, Surgeon, aged 5 years and 9 months.

Palmer.—On July 27, at High Street, Dublin, Edmund Thos. Palmer, L.R.C.S.Ed.

Parratt.—On July 31, at Victoria Road, Charlton, James Edward T. Parratt, M.R.C.S.E., Inspector-General, Army, aged 71.

Pattullo.—On August 2, at The Manse, Parton, N.B., William Pattullo, M.D., Staff Surgeon, R.N., aged 40.

Rogers.—On July 15, at Bombay, A. M. Rogers, Surgeon-Major, 21st Regiment.

Ross.—On August 2, at Nowgong, Bundercund, India, Richard Edmund Ross, L.K.Q.C.P.I., Surgeon, 20th Madras Infantry.

Sawer.—On August 15, at Ipswich, Charles Sawer, M.R.C.S.E., aged 63.

Scott.—On July 10, at Laurencekirk, Kincardineshire, Dr. Alexander Scott, aged 57.

Sillard.—On August 14, at Dublin, Thomas P. Sillard, L.R.C.S.I., of Glasgow, aged 23.

Tuttiett.—On August 22, at Honiton, H. B. Tuttiett, M.R.C.S., of Ventnor, Isle of Wight, aged 63.

THE DOCTOR.

LONDON, OCTOBER 1, 1878.

Multum in parvo.

DOCTORS' FEES.

Paying the doctor is one of the things which to some people is never an agreeable duty. We can understand that a man of straitened income who receives a heavy Christmas bill may possibly forget how desirous he was of all the services rendered at the time of the illness, and even without ingratitude may dwell with rueful countenance on the total amount which makes such a heavy pull at his light purse. For this reason, and also because there are a few who never think of paying the doctor until all other claims are satisfied, we have always thought that the custom of leaving accounts too long is a bad one. "Short credit makes long friends," is a well-known maxim which should be more frequently acted on. So, too, the line—

> "The hand that feels the pulse should take the fee,"

is one the profession might more frequently remember.

But though ordinary doctors' bills have often been pronounced heavy by the ungrateful part of the public, no complaint has hitherto been made of the physician's fee, which is paid at the time of consultation, and has not been raised for generations. During the last month, however, an outcry has been raised. Some miserly soul has written to the *Times*, and we hear in all directions so many remarks about fair fees for consultants, that it is time the profession made up its mind, and the public learned that if we are to be treated as mere tradesmen we must increase our "charges." Surgeons have always claimed the right to fix their own terms, but physicians have persisted in following the plan of the barristers, and regarding their fees as an honorarium. They have not, however, had the wisdom of the bar, and fixed each fee at what they thought just, but have been content to adopt a uniform minimum of one guinea. This on the face of it is rather absurd. If paid at all, why should the price be the same whether five minutes or one hour were occupied with the case? Again, why is the young physician who has just obtained his diploma to receive the same as Sir William Jenner, or rather why is the latter to accept as little as his youngest pupil? There is no sense in the practice, and if physicians are to be made to adapt their charges to the times, the ungrateful public will soon find that the lowest fee being one guinea for every interview, much higher amounts must be frequently paid. Already the majority of West-end physicians expect two guineas for the first interview, as usually the most troublesome. Others, and they are wiser, expect two every time. In all cases a consultation with another medical man has always been assessed at two guineas, but in future the first men ought to receive at the least five to ten guineas We think, indeed, that the leaders of the profession should never see a patient for less than five guineas, and when that desirable reform is effected, the doctor will be regarded with a corresponding increase of respect. In the meantime let the public thoroughly understand the merits of the case, and only the meanest persons will grudge the fee.

> "The guinea it will sink, and the note it will float,
> But I'd rather have a guinea than a *one* pound note."

Some of our readers may recollect the origin of this old song. As an appropriate parody we would suggest—

> "A guinea is the fee for a doctor of note,
> But all who can afford it give a *five*-pound note."

It is time for a general advance in the remuneration of the consulting men to be agreed upon, and we are certain that the general practitioners would be willing to support it. With them rests much—for they are constantly asked by patients willing to pay what is right—how much they should give. We fear that they are often told two guineas when a higher fee could be afforded. In thus acting the practitioner is not wise in his generation. The two branches of the profession are distinct, and though the family doctor is now better educated, and better paid too, than formerly, there remains a use for the consultant, and his fee should equally advance with the times. It cannot be denied that his education is more expensive, as well as more thorough; that the cost of living has doubled within the last twenty years; that the physician is as worthy as ever of his hire, and yet that the maximum fee remains what it was a quarter of a century ago. When once the enlightened portion of the public perceive this they will be ashamed not to be willing to do what is right.

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DENTAL EDUCATION.

In our last issue we dwelt upon the new rank which dentists have obtained. This position must make them reflect on the present state of dental education, and we doubt not that soon another "new departure" will be inaugurated. At present it may be justly said, that though we have dental schools for teaching the art, there is nothing which takes the highest stand-point. It will be a question whether in time it will not be desirable to induce all dentists to take a portion of their education at the great medical schools, when they would naturally acquire much larger ideas than in the more restricted sphere of their own technical schools. That all the best dentists will become members of a college of surgeons seems probable, but for a long time the L. D. S. will seem to the majority a sufficient title. Possibly, the medical schools or the dental hospitals will make suitable arrangements at an early date for all those who aspire to any diploma.

In America, where dentistry has long flourished, this branch of education has lately received a most important stimulus, so that dentists in the United States have no difficulty in learning their profession at one of the Universities, at the same time obtaining the most advanced practical instruction in all the medical sciences. The medical department of the University of Pennsylvania now includes a complete dental school, where the art can be learned in all its details. Graduates of colleges of pharmacy, and dental colleges in good standing, are admitted to the second course in the University without examination, and arrangements are made for those who desire also to graduate in medicine. Two winter courses and two years' instruction by a preceptor enable the candidate to proceed to the degree of Doctor of Dental Surgery. The only institution which takes a higher position is Harvard, which requires three years' curriculum, and one year is identical with the first of medical students. These two Universities, then, provide for the highest dental education, and their degrees are accordingly valued. There are, however, twelve other dental schools, the demands of which differ so considerably that one cannot help feeling that the competition downwards is in full force, though it is obvious that some of these schools are struggling hard to make their education sound, and their diploma worth having. Now that in England dentists have secured registration, they must be on the watch to make the education of the future dentists such as will be worthy of his position. If the present leaders can accomplish this, they will complete the reform they have inaugurated.

CHRONICLE.

BLATTA ORIENTALIS, KITCHEN BEETLE.

Froumuller, of Fürth (*Memorabilien*), describes this beetle. It is reddish-chesnut brown, about an inch long, and stinks horribly. It is very destructive in houses, and has long been used by the Russian peasantry as a diuretic, and lately by Huterberger, and others, in St. Petersburg. Froumuller gave it in six cases, increasing the amount of urine in five, very much. In the other it was only given once, and no effect was produced. The dose seems to be about 1 gramme (15½ grains) of the animal finely powdered.

LIGATURE OF THE COMMON CAROTID. OTITIS.

Dennee, of Bordeaux (*Mouvement Médical*), describes a successful case; he tried to prevent death from hæmorrhage from the deep temporal artery, which had been eaten into by phlegmonous inflammation, beginning from otitis, which was in appearance slight at the beginning, and is an example of the serious complication that may follow that affection.

PHOSPHATE OF LIME FOR PHTHISIS.

Nelson Pantier gives (*L'Abeille Médicale*) a case successfully treated by this means when iodine and iron had failed. The appetite returned, and scrofulous enlargements of five years' standing disappeared. He also uses it very frequently with success, in children who are being too slowly developed. He uses Coine's solution of the chloro-phosphate.

INJECTION OF STRYCHNINE IN AMBLYOPIA.

Swfigger (*Le Mouvement Médical*) says that this treatment is practically useless, and Hyndman (*The Clinic*) states that after numerous trials he has never seen any good result.

COLCHICINE IN RHEUMATIC AFFECTIONS.

Heyfelder (*Berlin Klin. Wochens.*, and *Mouvement Médical*), states that hypodermic injections of one or two milligrammes (1-66 to 1-33 grains) have given him excellent results in chronic articular rheumatism, and rheumatic neuralgias.

HYDROPHOBIA.

An interesting case, under the care of Dr. Sansom at the London Hospital, is reported in the *Lancet*. The chief points were—(1) early and late pain starting from the wound, and extending chiefly in the course of the ulnar nerve; (2) the protraction of the case, after the onset of characteristic symptoms, beyond the ordinary duration; (3) the treatment adopted. The prodromic stage was chiefly marked by pain extending from the wound. The immediate treatment mitigated the painful symptoms. It seems certain that the administration of chloral hydrate by subcutaneous injection and by enemata kept the patient in a condition of comparative calm and contrasted very favourably with a former case in which morphia was hypodermically administered. Towards the later periods of the case, however, severe pain reasserted itself, and the nerve was excised. Unfortunately, cellulitis occurred around the sheath of the nerve, no doubt predisposed to by the low state of the patient. Though chloral was highly beneficial, it was as distinctly proved that the inhalation of chloroform was dangerous. This is very important, as we might have hoped that chloroform would always suffice to prevent the chief horrors of the disease.

THE ASSIMILATION OF QUININE.

M. Personne finds that about one-half of the quinine taken by the mouth is destroyed in the system. He found that all the quinine which is eliminated by the urine and soluble in acids can be transformed into neutral sulphate of quinine without appreciable residue; also that a resinous material is obtained, insoluble in acids and similar to that which is obtained during the extraction of the alkaloids of chinchona. Hence it is inferred that the quinine which is eliminated by the urine, about half the amount ingested, has not undergone any appreciable modification.

FUNCTIONS OF THE ANAL SPHINCTERS, SO-CALLED.

Dr. James R. Chadwick, of Boston, U.S., in a reprint from the *Gynæcological Transactions*, maintains with much acumen that the functions of the third and internal sphincter have been hitherto misunderstood, and suggests that in future they should be called the superior and inferior detrusor fæcium respectively. He gives drawings, and relates experiments and dissections in support of this view. Should this come to be generally admitted, and the course of other observation points in the same direction, it is obvious that important practical deductions must follow, some of which are pointed out by Dr. Chadwick. The passage of a bougie is perhaps the point that will first attract attention. The obstruction often met, and supposed to be the promontory of the sacrum, is probably often the posterior half of the superior detrusor of Chadwick (Hyrtl's third sphincter), who says he has often dilated the rectum above this point, by inflating a bag tied over the end of a silver catheter, partly straightened out for the purpose.

CYLINDROMA OF ANUS AND RECTUM—REMOVAL BY VOLKMANN'S METHOD.

Dr. Keyes presented to the New York Pathological Society, at a recent meeting, the anus and three inches of the rectum, which he extirpated for cylindroma, with Dr. Van Buren in consultation. The patient was a female, aged 38 years, who had suffered from the disease for two years. Her mother, aged 70 years, has been a victim to the same character of growth, and in the same locality, for several years. The operation was done antiseptically and in accordance with the rules laid down by Volkmann. The patient being a poor girl in a tenement, and surrounded by many disadvantages, Dr. K. concluded to get rapid union by pressure from within. Having failed in accomplishing this by means of a sponge in the vagina in a previous case—owing to the accumulation of gas in the intestine behind, and the consequent tearing out of the stitches—he resorted to another and more effectual expedient. He employed an instrument devised by Guyon for the purpose of tamponing the bladder after lithotomy. It consisted of an india-rubber bag, which was inflatable with air and air-tight, and through which a stiff catheter passed. In a word it was constructed after the plan of Trendelenburg's tracheal tampon. This instrument was introduced into the rectum and inflated. It answered the intended purpose admirably, exciting the requisite amount of pressure, and at the same time allowing the escape of intestinal gas through the tube. The patient made a speedy recovery without a bad symptom. She was up on the twelfth day, and got perfect union all round between the mucous membrane and the integument.

ANTAGONISTIC EFFECT OF ATROPINE AND PILOCARPINE.

Luchsinger reports (*Cbl. f. Chirurgie*, 1878, No. 16; from *Pflüger's Archiv.*) experiments upon cats which seem to show that atropia mixed with pilocarpine abolishes the excitative effect of the latter. If the proportion of pilocarpine be augmented, the paralysing action of the atropia may be overcome.

TREATMENT OF CANCER BY PREPARATIONS OF GUACO.

G. v. Schmidt says (*Cbl. f. Chirurgie*, 1878, No. 16; from *Wien. Med. Wochenscrift*) there seems no reason *à priori* why some internal remedy may not be discovered which shall do for epithelial and other new growths what iodine does for syphilitic new formations. Dr. Schmidt suggests guaco, which he has used in the form of tincture and plaster.

A WINTER CLIMATE AT HOME.

The stable and the cow-house have often been supposed by the people to be healthy habitations, and in some districts consumption has been alleged to be cured by spending the winter months with the cows of a large dairy farm. The cow-houses are certainly warm, but the purity of the air is another question. However, M. C. Paul recommends a winter in a cow-house as better and cheaper than in a Southern health resort. To be sure, the patient might find it rather dull, worse, in fact, than keeping his own room; but he would have a warm air without a fire, and perhaps friends might sometimes look in. Milk, too, the best of food, would be cheap. So now listen and perpend, ye thousands who are preparing to start for a winter abroad. There are thousands of English farms which can lodge you with the cows at a very moderate price, and we are gravely assured that such a lodging is better than a winter with the swallows.

WARNING AS TO DOSES OF MEDICINE.

A case containing a serious warning to medical men and to stupid patients is reported in *Memorabilien*. Forget having ordered one strychnine pill daily in a case of paralysis following lead poisoning, found no effect produced. He gradually ordered one more daily, till six were being, as he supposed, taken. No good being done, he made inquiries as to the preparation, but found that it had been properly prepared. He now gave the man five pills, which were taken before himself. The patient was dead in two hours. On inquiry, it was found that he had thrown all the pills under his bed.

SALICYLIC ACID AS AN ANAPHRODISIAC.

Dr. Jewett and others have observed that salicylic acid appears to possess great power as an anaphrodisiac. Some patients who had taken it are reported to have lost sexual power for months. If these statements should be corroborated, the drug might be made very useful. Fifteen-grain doses five times daily of salicylate of soda abolished the power for three months. No doubt observation will be directed to ascertain if this is a frequent effect.

ULCERATION OF FRÆNUM LINGUÆ IN PERTUSSIS.

Some letters have appeared on this subject in the *Brit. Med. Journal*. The chief point of interest is that such ulceration is very frequent. Dr. Macall pointed out in the *Glasgow Med. Journal* in 1871 that it was probably caused by mere mechanical action of the tongue upon the lower incisors. This seems likely, but Drs. Elliott, Morton, and some others do not accept it. The presence of the symptom is regarded by Bouchut as diagnostic. For more than a quarter of a century this symptom has been written about on the Continent, and the estimates as to its frequency have considerably varied. Without going so far as Bouchut, we may admit that ulceration is very common, and as to its production probably no other forms of cough would be so likely to bring it about as pertussis.

RECENT VIEWS OF YELLOW FEVER.

In view of the terrible epidemic in the Southern States of North America our readers cannot fail to be interested in the following extract from a circular issued by Dr. J. M. Woodworth, Surgeon-General, U.S. Marine Hospital Service, to the officers of that service:—

". . . . . . . The weight of scientific evidence seems to warrant the conclusion that yellow fever is produced by an invisible poison, capable of self-multiplication outside of the human organism, which it enters through the air passages. The poison germ, or miasm, is a product of the tropics. In this country yellow fever has prevailed in most of the Gulf and Atlantic cities, and in many of the towns along the Mississippi river. In some instances it has been carried inland with the people fleeing from the infected localities, but it has never shown a disposition to spread epidemically at points remote from the continuous water-roads of commerce, or to lodge in high, salubrious places. The cities of the Great Lakes have always been free from the disease. Yellow fever cannot be said to be endemic in the United States, from the fact that in some years it does not appear, though the imported germ undoubtedly survives the mild winters. It appears to have about as much resistance of cold as the banana plant. When the banana stalk is killed down by the frost the yellow fever does not recur until again imported. The germ is transmissible. It is capable of being transported in the clothing or personal effects of passengers and sailors, but its spread from one city to another is chiefly accomplished by vessels, their damp, filthy holds and bilge water being its favourite lurking places. Confinement, moisture, and high temperature favour the multiplication or virulence of the poison. When a wharf, or spot of ground, or a house, becomes infected, the poison at once commences to spread, creeping slowly in all possible directions, continually enlarging the area around the centre of infection, unless checked by disinfection, as has undoubtedly been done by the use of carbolic acid, in New Orleans, in former outbreaks. Yellow fever is not communicated from the sick to the well, the sick and well being dangerous only as possible carriers of the poison germ or miasm. In support of this assertion it may be stated that at quarantine hospitals, where the effects of yellow fever patients are burned, if otherwise thoroughly disinfected before the admission of the patients, the attendants do not contract the disease. This has been demonstrated many times. All well persons whose effects have been disinfected, may be considered harmless after six or seven days have elapsed from the time of leaving an infected district or vessel, as the period of incubation of the disease lasts from two to six days. This simplifies the question of quarantine—absolute land quarantine being deemed impracticable—and indicates the direction of preventive measures to the vessel, cargo, or the locality, if the poison have found lodgment on shore. A vessel may escape infection if kept clean and dry, and all parts capable of being closed are frequently subjected to the fumes of burning sulphur, and the men employed on board are compelled to bathe and change their flannels daily, and not allowed to sleep on deck or in the hold of the vessel. There is an example of a ship trading between Havana and New York, upon which these precautions have been enforced for a period of twelve years, and not a single case of yellow fever has occurred on board. Though not sufficiently demonstrated to state as a fact, still there seems good reason to believe that much may be accomplished by individual prophylaxis—by the use, internally, of small doses of sulphate of quinia at regular intervals, and of tincture of iron and chlorate of potassa. As the poison enters the system through the air passages, it has been suggested that the nasal passages be bathed frequently with a solution containing quinine, to be applied by means of a nasal spray."

DIPHTHERIA AND SEWER-GAS.

The opinions recently expressed in this country are corroborated by some statements made by Dr. W. Snively, physician to the Pittsburgh (Pa.) Board of Health, in a paper on an outbreak of the disease in Pittsburgh during the year 1877. Out of 856 cases, the total number reported, there were 366 deaths. Of these, 457, with 141 deaths, occurred in a particular district of the city in which the sewerage was almost criminally defective—*i.e.*, there was insufficient grade, inadequate diameter of the main at certain points, absence of traps at the street drops, private connection-points and main termini, while the man-holes were tightly covered and there was an utter lack of ventilation. Slaughter-houses near the termini drained their offal and refuse through connections having no traps; and one of the latter emptied directly into an untrapped drop. The epidemic set in during July, and raged about five months. During most of this period one main was choked for a distance exceeding 2,000 feet. Two heavy rainfalls occurred in July, two in August. Hence he thinks sewer-gas emanations, propagating the disease in the poisoned human system, caused the epidemic.

ANTI-TOOTHACHE.

Mr. James Merson, L.D.S., writes to the *Brit. Jour. Dental Science* that acute pain can often be suppressed by pungent aromatics, just as we know essential oils are popular remedies for toothache, as are creasote, peppers, spirits, &c. But, better still, he tells us that combined with chloroform and aconite they will prevent the pain of tooth extraction. Hundreds of patients told him they did not feel the pain. Here is his formula for a local anæsthetic to supersede chloroform, ether, the gas, &c.:—

℞ Chloroform pur., ℥iij;
Tr. aconiti (Fleming's), ʒiij;
Tr. capsici, ʒj;
Tr. pyrethri, ʒss;
Ol. caryoph, ʒss;
Gum camph, ʒss. Misce.

The tooth and surrounding gums are to be previously dried, and then four or five drops of this applied with cotton wool. Then without delay use the forceps, but the instrument *must be warmed.* This is most important. We have felt the pang of the cold steel, and whether the anæsthetic or not be used, agree with the propriety of using warm instruments. For toothache, a pellet of cotton wool soaked in the above, may be introduced into the cavity, and is said often to give speedy relief.

ELECTROLYSIS OF OVARIAN CYSTS.

We reported last year that this method had been tried, and are therefore obliged to inform our readers that Dr. Ephraim Cutter has communicated to the Boston Gynæcological Society the sequel of his cases. The later progress of the cases is most discouraging. The first soon refilled; the second, on which Dr. Semeleder operated, had afterwards to be tapped, and has since undergone ovariotomy and recovered; the third case has proved to be fibro-cystic, and the patient died fourteen days after tapping with an ordinary trocar, a gangrenous condition of the cyst being found at the autopsy near the puncture. Yet this patient four or five months previously had not been injured by electrolysis conducted with a powerful battery.

Dr. Cutter has done well to publish these facts, and we commend him for losing no time in adding them to the previous history. He still looks for a bright future for the operation, and we feel inclined ourselves to hope for one. At the same time we cannot conceal that our hope is not encouraged by the history of the cases. It is rather grounded on what electrolysis has effected in other tumours, and on its usually proving itself innocuous.

CLINICAL ODOURS.

We have on several occasions drawn attention to the value of the sense of smell in the practice of our art. In the last number of the *New York Medical Journal*, Dr. T. J. Hutton writes on the subject, and gives a series of interesting facts With regard to odours of the insane, which many authors have mentioned, he does not believe they are so mysterious as commonly supposed, but that bodily disease, deranged secretions, and starvation, will explain them all. The vast majority of these odours he holds are caused by deranged secretion and starvation, the most putrid being observed in those who take little or no food, and adds, "a cholagogue cathartic, perhaps repeated, frequent bathing, and a gallon or two of milk and beef tea, will speedily exorcise every odour of the insane, when there is no carious or malignant bodily affection to otherwise account for its continuance." This practical hint will be acted on by some of our readers, who will thus perhaps be able to confirm the opinion that there is no mystery about the odours of the insane.

REPLANTING EXTRACTED TEETH.

Some time ago one of the medical journals published several letters about the wonders of replanting teeth after they had been extracted. Our contemporary seemed to have forgotten that the operation was as old as it is mostly unsatisfactory. John Hunter knew well enough about it. Sometimes the tooth is stopped or the periosteum scraped off. It should be remembered that although it may become tolerably firm it is only a dead tooth, and therefore a foreign body. It may last two or three years, but is then likely to set up irritation. The fang may be absorbed and it may fall out. Just as probably it may cause alveolar abscess. Necrosis of the jaw has been known, so has abscess of the antrum. A less complete operation is spoken of by Mr. Hodgskin Hope. He says, in the *British Journal of Dental Science*, that if a tooth is gently moved with an intrument from its socket, without being extracted entirely, and then returned to its original position, it often happens, if the tooth gets firm at all, as it mostly does, that all sensation has disappeared without the real life of the tooth being lost. The pulp has been apparently destroyed, but death has only extended to the "dentine," the cementine retaining its vitality. There may be cases in which this plan might be tried. It is very similar to the "twisting" which in some quarters has been popular.

CHLORAL HYDRATE IN TETANUS.

Dr. Sweitzer S. Harwood communicates the following points in the successful treatment of a severe case of traumatic tetanus by chloral to the *Pacific Med. Journ.* :—

The spasms affected the whole of the body; the exciting cause being a neglected sloughing wound near the left heel. The patient was a man of intemperate habits, excitable disposition, and large frame.

1. The tolerance of the drug was marked. A very large quantity was given hypodermically during twenty days, in doses varying from five to fifteen grains, at intervals of half an hour to four hours, with occasional relatively larger doses by the mouth. On one occasion 200 grains were administered subcutaneously and 100 grains given by the mouth from 9 p.m. to 9 a.m. On another, 240 grains at one dose by the mouth produced no lasting effect.

2. Difficulty was experienced in bringing about absolute narcotism by hypodermic injections. Decided narcotism only occurred twice, and this not by this mode, but after large doses given by the mouth. In the first instance 100 grains in divided doses given within an hour and a half produced great relaxation of the muscles, including those affected by the tetanic rigidity. Narcotism was complete, but transient; and was succeeded by symptoms indicating disordered cerebral circulation; active delirium, with frequent hard pulse, being especially marked. In the second instance it occurred from a dose of 240 grains, administered by mistake on the part of the nurse during commencing convalescence. Here it was extreme, but soon passed off, without treatment, leaving no unpleasant after effect.

3. A state allied to alcoholic intoxication was caused by the chloral. While taking it the patient was always more or less in a state which an intimate knowledge of him enabled one to note as identical with that generally present during the second stage of alcoholic intoxication.

4. During the treatment chloral was exhaled from the body of the patient in such quantities as to affect those in close attendance on him. Thus while breathing the air of the sick room I felt considerable nauseating pain in the lower and back part of the head, accompanied by lassitude and impairment of muscular power, not readily accounted for otherwise. A gentleman and also a female were correspondingly affected. Fresh air soon removed these unpleasant and singular symptoms, but in each case they returned on again breathing the air of the sick chamber. It is also worthy of record that the repeated hypodermic injections were followed in numerous instances by points of suppuration.

ON ABSCESSES AT THE VERGE OF THE ANUS.

Verneuil (*L'Abeille Médicale*) recommends that in opening such abscesses, when they are close to the rectum, the operation for fistula should be performed at the same time.

TREATMENT OF NOCTURNAL ENURESIS.

Kelp (*Algem. Med. Cent. Zeit.*) treats this affection by weak doses of nitrate of strychnine *injected subcutaneously* in the region of the sacrum. One or two injections, the second some days after the first, are generally sufficient.

A NEW WAY FOR SURGEONS TO OBTAIN THEIR FEES.

A good story is told in the *Journ. des Conn. Méd.* A medical man having made a rectal examination, asked the moderate fee of five francs from the gentleman (!) The latter quietly put down a forty sous piece on the mantle-shelf, and began to walk out, whereupon the doctor first, to the astonishment of his patient, divested himself of his coat, then of his waistcoat, and lastly, began to remove his indispensables, saying at the same time, "If you will now do to me the operation I have just performed for you, I will at once hand you twenty francs." The abashed patient, stuttering some excuses, at once paid the remaining sixty sous and left. (The above is guaranteed as a fact.)

CHOLERA.

Le Courrier Médical, of September 7, mentions that cholera has appeared in Morocco, at Mequinef, Fez, Tetuan, and Ceuta (opposite Gibraltar), and fears are entertained that it will almost certainly spread by land to Algeria (which is of course in constant communication with France). It is also stated to have appeared in Sweden.

KAVA.

Professor Gubler submits in the *Journal de Thérapeutique*, 1878, the following conclusions regarding this new remedy:—

1. The kava root (*Piper methysticum*) possesses two orders of properties: the one, cephalic and inebriating; the other, diuretic and blennostatic.

2. The kava drunkenness is *sui generis*, and does not resemble that of alcohol. Besides, the maceration, called *Ava*, is not submitted to alcoholic fermentation, and the preliminary mastication of the root, producing glucose, has no other result than that of giving to the aromatic liquor a sweetish and sugary taste.

3. Among the symptoms that may be denominated acute *avaism*, the most remarkable and one of the most important consists of a genesaic excitation which has its seat, not in the sexual organs, but in the nervous centres in which the reproductive instinct is vested. There is no priapism, but much erotism.

4. Besides, kava has the power of moderating the inflammatory condition of the genito-urinary organs, and of reducing or suppressing muco-purulent catarrh of the urethro-vesical mucous membrane, probably through an action at once diuretic and *blennostatic*.

5. The direct and topical anti-catarrhal action is due to an oleo-resinous, balsamic substance, comparable to the terebinthinates in general use.

6. The indirect diuretic and anti-catarrhal effects depend, in part, upon this oleo-resin, but especially on a neutral crystalloid called *kawahine*, and perhaps upon an unsought alkaloid, the presence of which would account very well for the peculiar drunkenness as well as for the modifications of circulation and secretion in the genito-urinary apparatus.

7. This dual action upon the genito-urinary organs assigns to kava a remarkable efficacy in urethritis during its most inflammatory period. It explains the success of this remedy in cases where the pure terebinthinates have failed, and makes explicable the utility of associating the peppers—notably cubebs, whose effects are analogous to those of kava, with the oleo resin of copaiba, to secure a cure in acute or intense blennorrhagias.

8. The therapeutic employment of kava is all the more to be commended, as this aromatic remedy is not at all unpleasant, and its use gives rise to no digestive troubles.

AMMONIACAL SULPHATE OF COPPER IN EPILEPTIFORM NEURALGIA OF THE FACE.

Frere, of the Lariboisière, has found this, in doses of about 1 grain twice a day, succeed well, when other means had failed. In one case 10 centigrammes were given at one dose.

THREADS OF WHALE TENDON AS A SUBSTITUTE FOR CATGUT.

Baelf (*Centralb. für Chirg.*) following Dr. Ischigurr, of Japan, the inventor, recommends these threads. From experiments, he states that they are more rapidly and more completely absorbed than catgut ligatures. He finds that this absorption is assisted by steeping them in the oil of the whale's liver. In operations he finds them more flexible than catgut, and from experience, considers that the only objection that could be made to them for ligaturing arteries, viz., that the absorption would be too rapid, is unfounded, and besides, could be got over by torsion of the arteries.

TREATMENT OF INFANTILE DIARRHŒA.

M. Blache (*Journ. de Thérap.*), has found the following treatment constantly successful:—

1. Diminution of the nourishment; appropriate injections repeated as required, and the application of poultices to the belly.

2. The administration every morning, for three or four days, of a small teaspoonful of a mixture of equal parts of castor-oil and syrup of acacia, the quantity of oil, however, to be regulated according to the age of the child. When the discharge is repeated twelve or fifteen times in the twenty-four hours, M. Blache doubles the dose of the syrup, and adds to it one or two drops of Sydenham's laudanum (*Vinum opii*), according to age. When there is manifest gastric derangement an emetic of ipecacuanha is administered; and when to much fever are joined nervous symptoms, threatening convulsions, he gives calomel in fractional doses before the castor-oil.

TREATMENT OF UTERINE DISEASES.

Dr. Oppenheimer, in the course of some interesting articles on gynæcology contributed to the *Louisville Med. News*, has the following remarks on treatment:—

All of you have seen cases innumerable where the treatment by cauterisations, incisions, leeches, baths, &c., have only temporarily cured the evil, and where, after but short intervals, the trouble returned. Many of these cases are due to some general cause, and require general treatment. With this latter regard I have but little to suggest. You are well acquainted with the popular modes of treatment of scrofula, tuberculosis, syphilis, chlorosis, or anæmia, herpetism, and rheumatism. For the first four the usual tonics, alteratives, &c.; for herpetism, the various forms of arsenic and strychnia; for rheumatism, the bitters, the alkalies, the salicylates—with alkaline baths, &c. As to the effects of amenorrhœa, adenitis, and lymphangitis, these are treated according to their symptoms.

In addition to this, baths of different kinds should be exhibited in all cases of chronic disease, and in many acute and sub-acute. These baths are medicated or non-medicated, as the case indicates, and the temperature of each bath suited to each case. Among the former are sulphur, mercurial, alkaline, arsenical, &c. They should all be used as hip-baths. The most useful of them is, beyond contradiction, the sulphur baths; it is prepared by adding three and a-half to four ounces of the sulphide of potassium to a hip-bath; to be used twice a week or oftener.

Foremost among the non-medicated baths stand the cold hip-baths, as used by Gallard, of Paris, in his extensive practice. It might also be considered as G.'s panacea for all uterine evils, so general is his application of it; its greatest benefits, however, are to be obtained in acute or sub-acute cases of uterine or vaginal troubles. I have seen cases of metrorrhagia lasting for over a month, permanently cured by this method alone in a few days. The mode of administration of these baths is not that of an ordinary hip-bath, but differs in that the water must be *en current*. The stream should be so gentle at first as not to be felt by the patient, and gradually increased in force. The whole bath should not last longer than two minutes on the first day, then upon each succeeding day the length of time increased one minute. At the same time I order the patient to use a vaginal tube made of glass, with one end pierced with holes, like Ricord's syringe, thus allowing the whole vagina and neck of uterus to be bathed. This tube must be used in all the baths spoken of above, this being a necessary part of the treatment.

Dr. Martineau mentions all acute uterine troubles as being contra-indications for the use of the bath, excepting single functional derangements. It will be found, however, that almost all kinds of acute troubles are oftener relieved by it than otherwise.

In those cases where bathing is impracticable the local bath may be substituted, when the patient is in bed, by an elevated bucket and a rubber tube running therefrom to a double vaginal irrigator, like that of Maisonneuve, with a second tube leading from the irrigator into a second bucket at the foot of the bed. This may be kept up for half an hour or an hour, and longer.

It should be borne in mind that the vagina absorbs very easily, as has been so often and so clearly proven by the experiments of Dr. Hamburger (quoted by *Louisville Med. News*, 1878, from "Prager Vierteljahreschrift). This is particularly evident in those cases where vaginal suppositories of belladonna are exhiblited, and are soon followed by cessation of pain, marked dilation of the pupils, a general feeling of comfort, &c. This bathing method may therefore be classed differently from either general bathing or from simple injections. Neither of these methods of treatment, although so effectual, have any material influence upon the pregnant uterus, and may be used almost heroically without fear.

Regarding the effects of vaginal injections in producing metro-peritonitis (*Obstet. Jour.*, 1875, "Report of Progress in Gynæcology in 1875," by Paul F. Mundé), abdominal pains (*St. Louis Med. and Chir. Jour.*, 1875, "Progress of Gynæcology in 1875," by Paul F. Mundé; "Bailly Archiv. de Toxol." 1877; "Richet. Anat. Chir." 1877), these are, as Dr. Mundé remarks, very rare, and need not in the least modify our present course.

The best position for making these injections is the knee-elbow posture, as proposed by Dr. E. R. Palmer (*Louisville Med. News*, 1876), of Louisville; the medicament is thus allowed to come in contact with the greater part of the vagina; the patient should, however, lie upon her back before ridding herself of the fluid in order to allow the injection to bathe the cul-de-sac thoroughly.

As to the local treatment of the uterus itself I have nothing new to offer, nothing to suggest, except that in very chronic cases of endo-uterine affections the stronger caustics are far preferable to the weaker, and in particular nitric acid. I have seen the most unexpected and beautiful results from it after only one or two applications. There are also quite a number of cases published proving its utility in certain forms of uterine disease (*Amer. Jour. of Obstet.*, 1875-76; "Ann. de Gyn.," Paris, 1875, and others).

There are still many practitioners who treat all ulcers of the cervix as though these were due to a single cause, or like an ulcer in any other part of the body. One practitioner will treat all these cases on the principle that all are due to follicular inflammation, another treats all his cases as due to an endo-metritis, &c. Under such a plan, what matters it whether they be treated with all the cauteries, alteratives, astringents, &c., in the Pharmacopœia? Their cures are never other than accidental cures at the most.

Most cases of acute and sub-acute vaginitis may be nicely treated with a cataplasm made of *fucus crispus*, or sea moss. The most convenient form of applying it is that of a card about one-eighth of an inch thick, and cut to any size required, the moss being pressed to this form. This card is steeped in warm water and rolled together before applying, a fresh one being applied each day. It is very soothing and agreeable in cases of vaginitis, and in the majority of acute cases is sufficient of itself to effect a cure.

UTERINE DISEASES.

In some lectures now being published in the *Medical Press*, Dr. Graily Hewitt has given two lists, the first (A) a list of the symptoms of all kinds which may be observed in connection with diseases or affections of the uterus, these symptoms being placed as nearly as possible in their order of frequency. The second (B) is a list of the various physical changes which the uterus may undergo.

A. Uterine Symptoms.

Pain ... { 1. Spontaneous.
  2. Produced by motion (dyskinesia).
  3. Undue sensitiveness of uterus to touch.
Leucorrhœa.
Dysmenorrhœa.
Menorrhagia.
Amenorrhœa.
[If married—Sterility, abortions.]
Various reflex phenomena :—
  1. Sickness or nausea.
  2. Hysteria.
  3. Convulsions.
  4. Cephalalgia.
  5. Melancholia.
Disturbance of functions of bladder.
Disturbance of functions of rectum.
Disturbance of sexual functions (dyspareunia).

B. Uterine Changes (non-organic).

Change in position.
Change in size of walls.
  ,, ,, cavity.
  ,, ,, cervix.
Change in shape.
Change in patency of canals.
Change in texture.
Undue hardness.
Undue softness.
Increased vascularity.
Disorders of innervation.
Increased secretion.

Here, then, we have the data for the construction of a pathology of the uterus ; all the possible changes on one side, all the possible effects on the other. It must be understood that organic diseases of the uterus, cancer and fibroid tumour, are excluded from the list, the nature, course, and effects of these organic diseases being better understood. It must not, however, be forgotten that these organic diseases may occasion one or all of the uterine symptoms.

Looking at the list of uterine symptoms on the one side, and the list of possible uterine changes on the other, it is evident that the clinical importance of any one of the possible uterine changes should be, approximately at all events, indicated by the frequency with which it occasions uterine symptoms. If it can be shown, for instance, that any one uterine change or any one combination of uterine changes, has a very decided pre-eminence in this respect, it will be natural to conclude that considerable importance is to be attached thereto. Further, should it be shown that this particular change or combination of changes is particularly associated with those especial uterine symptoms of which patients most complain, an additional reason will exist for attaching great importance to this uterine change. Further still, should it be capable of being shown that there is a rational and intelligible explanation of the frequent association of these particular uterine changes with those especial uterine symptoms, there will be a greater reason still for thinking these uterine changes of importance.

A CASE OF PULMONARY PHTHISIS TREATED BY PHOSPHATE OF LIME.

Nelson Pantier (*L'Abeille Médicale*) gives notes of a case successfully so treated, when iron and iodine treatment failed.

DEFICIENT RENAL ELIMINATION.

It has been ascertained that in cases of albuminuria the kidneys are impermeable to odours, *e.g.*, turpentine and asparagus fail to communicate their peculiar odours to the urine in such cases. In a recent thesis M. Chauvet has collected observations showing that serious results may follow from active drugs when elimination is defective, and also how the mode of elimination of certain drugs is materially modified by the existence of disease of the kidneys. For example, the elimination of bromide of potassium which, in a healthy subject, is completed within twenty hours after suspension of the medicine, continues for thirty or thirty-five hours when the kidney is diseased. The susceptibility of albuminuric patients to mercurials is well known to most practitioners.

THE ABORTIVE TREATMENT OF WHOOPING-COUGH.

In 1868 Prof. C. Binz, of Bonn, recommended for this obstinate complaint a solution of quinine and tannic acid (*Jahrbuch für Kinderheilk*, i., p. 233) ; and Dr. C. F. Swan, of South Chicago, Ill., states (in the *Chicago Medical Journal and Examiner*) that he has adopted this remedy with great success in many cases of whooping-cough. The formula consists of a solution of quinine and tannic acid, 4 gms. of the former to 1 gm. of the latter, in water, syrup, liquorice, &c.; and it is to the local action of the quinine upon the fauces and glottis, as well as to its antispasmodic virtues, that the favourable results are attributed. Of 40 cases of whooping-cough in which this remedy was used, 3 were so mild as to require little or no treatment. No record is given in 6 cases ; and 6 children refused the medicine in consequence of its bitter taste. Two died, of spasm of glottis and marasmus respectively. Deducting the 17 cases from the 40, we find 23 left. Of these 23, 3 received no benefit, and 2 but little benefit from the quinine and tannin. *But in the case of the* 15 *patients not heretofore considered, the disease was completely aborted in an average period of* 3·8 *days*, 3 of the cases being complicated by pneumonia, and 2 by capillary bronchitis. Due allowance being made for the limited number of observations, Dr. Swan thinks it not unreasonable to conclude that the use of a solution of quinine and tannin internally in whooping-cough may be employed with advantage in many cases ; and that in nearly 60 per cent. of the little patients who can be persuaded to swallow it, the disease will be completely arrested in about four days.

DANGERS OF MERCURIAL AMALGAMS AS TEETH FILLINGS.

Piggot, in his work on the "Chemistry and Metallurgy of Dental Surgery" says, of this mercurial, "to the chemist this question has but one side ; it needs but to be stated to be immediately decided upon. The use of a mercurial amalgam is under all circumstances wrong, for the simple reason that we have no guarantee that the most frightful results of mercurial poisoning will not take place."

A writer in the *Chicago Medical Journal*, in 1874, charges "amalgam plugs" with being capable of generating corrosive sublimate in the mouth through the action of the chlorine in the fluids of the mouth. He says, "the symptoms are so numerous and varied in different cases, that it would be impossible to give them all, but I will say that a person poisoned in this way is liable to be treated for dyspepsia, neuralgia, paralysis, throat affection and consumption, the patient gradually wastes away as if going into a decline. In many cases the difficulty steals on so gently as not to excite the least alarm. There is a haggard expression, a metallic taste in the mouth, a fœtid breath and excessive flow of saliva. I have not time to detail the manner in which the corrosive sublimate is formed in the mouth further than to say that the quicksilver in the plugs is driven off by the heat of the mouth, or any saline substance, such as our food, passes into the stomach, and produces slow poisoning."

The *Canada Lancet* says : Why incur so great a risk as is implied in this mercurial poisoning ? The constitutional effects of mercury are too well known to require mention, and there can be no good reason for its use at all aside from its facility of introduction. The introduction of so virulent a poison into the system even in any form renders it possible for it to be absorbed in the slow way above

indicated, is radically wrong, and should not be ventured upon if the patient's welfare is to be considered.

CARBOLIC ACID IN SMALL-POX.

Several letters on this subject have appeared in the *Lancet*. It is thought by some that carbolic acid is an almost certain preventive of pitting, while others express a conviction that its ectrotic power is at least doubtful. It would seem that individual pustules may be aborted by the strong acid just as other pustules and even abscesses are said to be, but the application over an extensive surface would be a serious proceeding. Dr. Paterson recommends an ointment containing twenty minims in the ounce; Dr. Kellett a solution of one part in eight. Dr. M. H. Taylor says that he has seen over 1,000 cases at Hampstead, in 1872, and that all sorts of ectrotics were tried; that in unvaccinated cases no effect was produced, but that in those who had been vaccinated the rash was mostly aborted whether any treatment or not was directed to it. He regards post-vaccinal small-pox as a distinct disease from the true variola which attacks unvaccinated persons. It is a strong way of putting the difference, to say that small-pox after vaccination is not true small-pox at all; but certainly it is right to say that the use of ectrotics is not to be determined by cases in protected individuals.

CURARE FOR EPILEPSY.

Kunze has lately recommended curare to be employed in the form of a subcutaneous injection at intervals of about a week. The formula he adopts is seven grains of curare dissolved in seventy-five minims of water, mixed with two drops of muriatic acid, eight drops of this being the dose.

ALEURITES TRILOBA, SUBSTITUTE FOR CASTOR OIL.

Dr. Oxamendi says (*Allg. Med. Cent. Zeit.*) the oil obtained from the aleurites triloba, known in Ceylon under the name of "kekune oil," is the best substitute for castor oil. It has a pleasant taste like that of hazel-nut oil, and causes no unpleasant effects. Half an ounce is the dose for an adult; it operates in about three hours without causing pain or colic. Perhaps some of our pharmaceutical allies will shortly import some.

TOPICS OF THE TIME.

SURE CURES FOR DIPHTHERIA.

If there is one thing which is more puzzling than another among the puzzles of medicine, it is that a number of diseases continue to devastate humanity for which "sure cures" have been proclaimed. Very often our journals are crowded with statements as to such "certain remedies," and yet either these remedies are not employed, or some other mistake is made, for the Registrar-General's tables continue to enumerate the same proportion of deaths from the diseases in question. One of these is diphtheria, for which a number of certain cures have been loudly vaunted, in spite of which it still claims its annual holocaust. We have now before us re-statements of three such cures—not new remedies, but old ones; but lest we should be wanting in our duty to humanity, we will give them the benefit of further publication. One of these is ice, another blood-letting, and strangely enough both are reproclaimed in France; while the third is—alcohol! and is now again landed in America.

ICE A CERTAIN REMEDY FOR CROUP AND DIPHTHERIA.

M. Bleynie, Professor at Limoges, is the last advocate for ice, and in a brief note he says it has never failed in his hands. He reports, too, the success of others. M. Blanc, as long ago as 1860, was equally successful with gargles of cold water, to be used twenty or thirty times an hour. M. Grand-Boulogne in Havana used ice with equal success from 1850 to 1853. M. Baudon related six cases, all cured in 1863. No doubt some other authorities might be looked up among the numerous journals, but as they cannot be more successful these will suffice. The mode recommended by M. Bleynie is for the patient to have a small piece of ice in the mouth, to suck it until it is nearly dissolved; then swallow it, and at once replace it with another morsel, until the false membrane has disappeared. During sleep the bits of ice are to be put into the mouth, and we are told that children soon take it without waking. The relief is said to be immediate, but the false membrane does not disappear for a period of from two to ten days. Nutriment is given concurrently with the ice.

REPEATED VENESECTION IN CROUP AND DIPHTHERIA.

One would imagine that if the ice were so effectual, after having been vaunted in the French journals for so many years, it would be universally employed. How surprising, then, is it to receive from the same country an equally positive assurance that repeated bleeding is the one efficacious remedy. Yet so it is. M. Simorre writes in the *Courier Médical*, Sept. 7th, that this plan never fails if properly carried out. What, then, is necessary? To repeat the venesection often enough. M. Simorre cures diphtheria in twenty-four hours. The point is to make the opening into the vein large enough, thus the effect is rapid, and the wound can be reopened with a pin! First of all he recommended bleeeding every four or five hours, and the success was not invariable. He now does not wait beyond four hours, and sometimes bleeds again in three. It is useless for timid people to try this plan, for he says that two or three bleedings a day only weaken the patient without arresting the disease. As long ago as 1860, in the epidemic, he had 64 cases. Of these 53 were treated by bleeding, and all recovered—most of them within twenty-four hours, but a few a little later. What treatment, we ask with him, can be compared to that either for the number or rapidity of the cures? The other eleven cases were in infants whose veins could not be seen or felt, and so they were only treated by repeated leechings and emetics, and one of these cases died. Even so M. Simorre's record is wonderfully favourable, and if one must suffer from this disease it could scarcly be in a more favoured locality than where that severe (?) epidemic reigned. Leeches, he says, have never been of the least use in adults, but, as we have seen, they may in despair be resorted to for children whose veins cannot be opened. During the treatment mucilaginous drinks, such as linseed tea, were allowed, but no food whatever. If there should be any gastric derangement, an emetic is also to be given. It will be seen that Dr. Simorre's plan is as thoroughly antiphlogistic, according to former ideas, as could be devised—absolute starvation and frequent bleedings, for infants as well as adults. Certainly here we have no half-measures! And lest any one should be tempted into weak-knee'd hesitation, we are warned in advance that it is only such hesitation that does mischief. If we do not bleed often enough, debility will result! Verily, it is enough to make us rub our eyes, and fancy after all we are not reading French. But we are, and our *confrère* assures us that he knows the other forms of angina; that in these there was false membrane all over the pharynx, and he adds an example of other disease of the throat, also cured by repeated bleedings. That, at least, is satisfactory, since we are often told that if treatment is directed to non-diphtheritic cases it may do mischief. What need, then, for hesitation? In cases of doubt, bleed, would seem to be the reasonable conclusion. Nevertheless, as the evidence we have cited as to the power of ice is equally reliable—as both methods of cure are certain—as under both all cases recover—Englishmen, though credited by the French with greater willingness to bleed than other nations, will, we fancy, if shut up to the choice of one of the two plans, prefer the ice, especially for infants, whom we have ceased to bleed. It may be prejudice, but it seems likely, *à priori*, that the ice, with nutriment, might be followed by less debility than the bleedings with starvation. We are sure mothers would prefer it when it was fairly explained that either method was a "sure cure."

ALCOHOL IN DIPHTHERIA.

We are not yet at the end of our natural antidotes. This time we are favoured by America, where Dr. E. N. Chapman has published a pamphlet on "The Antagonism of Alcohol and Diphtheria," from which we learn that he has been almost as successful as our nearer neighbours across the Channel. He treated 125 cases, with only one death, thus bringing the percentage very low, and if the others had had as many cases, who shall say one would not have died? He attributes his success to his heroic treatment. In fact, all three methods of cure, like some others, are so effectual that the doctor who directs them can conscientiously accept all the credit, since they leave no room for the co-operation of that interfering jade Dame Nature, who, in other cases, often runs off with a share, and thus deprives the laborious attendant of a large share of his legitimate reward, which, as he calculates, too often consists more in fame than in fees. Dr. Chapman seems to regard alcohol as an antidote to the poison of diphtheria, and so he naturally gives it freely—so freely that prejudiced people will fancy that it may itself prove a poison; and even counter-poisons are known sometimes, after neutralising their antagonist, to themselves prove fatal. This being so, not a few may be deterred from employing it, as we have recorded other methods of cure. The man of heroic nature will probably prefer bleeding, like M. Simorre, while timid souls may take comfort, as they can resort to the "certain remedy" of M. Bleynie and his supporters, for a little ice to suck has at least the merit that it is not likely to do any harm.

MARRIAGE, *À LA MÉDICINE.*

On the great subject of marriage, with its vast influence on society, doctors, as well as other classes, often have something to say. In some few cases they are even consulted by individuals as to the propriety of entering into the married state, but generally these unions are managed on other than medical or sanitary considerations; and we are not sure it is not as well they should be. Marriages of convenience may be forbidden by doctors with success, but when love has entered the lists, prudence can scarcely make her voice heard. Still the medical aspects of marriage are important, and of late years have been freely discussed in various directions.

The horror inspired by insanity, cancer, consumption, and some other diseases, tends to restrict their propagation, though there are not a few who, even with their eyes open, will not hesitate to marry the person of their choice at the risk of transmitting to their offspring an inheritance the full sadness of which they can scarcely realise. Medical men have so many opportunities of witnessing the results of such marriages that it is not surprising they should lead the protests against them. At the same time it must be observed that Society does not exist for the sake of producing a higher degree of physical robustness in a population, nor is the improvement of the race—in the stock-breeder's sense—the chief end of civilisation.

These reflections are well illustrated by two articles in the exchanges that lie before us. In the *Hospital Gazette* there is a vigorous protest against the marriage of dwarfs, which seems most reasonable, as it is founded on the death during childbirth of several such females. Our contemporary is shocked at this, and thinks that the man who marries a woman so deformed as to render pregnancy almost certainly fatal, is guilty of her death. No doubt that such marriages have been entered into in profound ignorance of their probable consequences, and it is well, therefore, that some light should be diffused on the subject. We have no reason to expect that when both parents are dwarfs or deformed, the child will be small in proportion; still less, can we expect any diminution in the size of the child when the father is, as often has been the case, of full stature? Deformed females and dwarfs ought certainly to be informed of the increased risks they run in marriage. Should they be forbidden by law from running such a risk?

Very different is the question which occurs in reference to hereditary disease. The person who marries a cancerous or consumptive individual may be prepared to meet the dread possibility of losing the beloved through the inherited disease—to nurse, and tend, and soothe, by constant and unwavering affection, the afflicted companion of life. And after all, if we must die, it is of little moment of what disease; and, in spite of all calculation, how often does it happen that the one expected to die first, follows the other to the grave. So far, then, little can be said to check such marriages; but then arises the probability of transmitting the disease to the offspring. For this reason many hold that such marriages should be interdicted. They would forbid matrimony to all who are tainted, even in a remote degree, with hereditary disease. In the case of insanity this doctrine has obtained a wide-spread approval. The popular terror of cancer has imposed some restrictions, but consumptive and scrofulous people have been less frequently prevented from marriage. In these and many other cases, no doubt, cautious people will decline the risk, but youth does not calculate; Cupid is blind, and love-matches will be made in spite of diseases, and in opposition to the advice of cooler friends, even when supported by medical authority. With regard to some of these matches a very able and respected physician—the elder Gibbons—in the course of a powerful article in the *Pacific Medical Journal*, has just expressed himself on the side of the lovers with an energy that makes us forget he writes "sen." after his name. As this side has not had a fair hearing for some years, we will conclude by quoting his remarks:—

"Whether persons of consumptive tendency should marry is a question of interest and importance; the parties, however, generally settle it for themselves. Marriage, among young people, at least, is not commonly the result of deliberate selection. The first step is one of accident, and when a mutual attachment is once established the question of health is ignored. Rarely has the prospect of disease and premature death broken the chain of love; on the contrary, it is more apt to awaken sympathy and rivet the links. How often do we see the betrothed rush with transport into each others arms, and seal the compact in the very presence of the angel of death! As spectators and friends we pity them, but they do not ask our pity, for they are but fulfilling the destiny of mortals, and finding in sorrow a deep and holy joy. I have never been able to appreciate the sanitary law which would cut off from the privileges and enjoyments of married life all individuals of consumptive tendency. Consumption very often selects for its victims the brightest and best, the flower of the flock; females endowed with the noblest qualities of the heart, and fitted to make the most affectionate wives and the most devoted and exemplary mothers. And why should those whose hearts are the special depository of the affections, whom Nature has made more than others capable of loving and being loved, why should they be arbitrarily excluded from that blessed union and companionship which may be essential to their happiness and to the perfection of their character? The only answer is that the progeny is likely to inherit disease. But what if they do? Is it not a part of the general plan? Who knows but that society will derive moral benefit more than sufficient to compensate for the apparent physical evil? Death is never demoralising. We pronounce it sad and sorrowful when youth is cut down in the early Spring. But the house of mourning is more congenial to virtue than the house of joy. Sorrow softens, and chastens, and refines the soul. The memory of the dear departed is a fountain of joy to the bereaved. To recall their fond image, to look back at their lives, to sit again with them in the family circle, to take to our arms their shadowy forms, to visit their graves and strew them with flowers—oh! there is virtue, there is happiness, there is religion, in communion with the dead.

"Besides, the inheritance of disease from consumptive parents is by no means inevitable. A large proportion of children born of parents only one of whom has the pulmonary taint, escape the transmission. More particularly is this the case when the family is governed by sound hygienic laws. Nay, I have known more than one instance of complete and permanent immunity from pulmonary disease in the offspring of parents, both of whose families were almost exterminated by disease of the lungs. On the other hand, how often do we see the disease developed where it cannot be traced to inheritance! If the purpose of marriage were to develope the physical form and vigour of the race, or, in the plain language of the farmyard, to improve the breed as animals, then it would be well to single out certain classes of subjects and consign them to celibacy. But bodily health and vigour is no guarantee of either intellectual or moral superiority. On the contrary, the virtues are more wont to dwell with corporeal frailty. Pulmonary consumption is not a disease of the inmates of the State prison. Inducements and proclivities to crime are not associated with the tubercular diathesis. If sexual restrictions are to be imposed for the benefit of future generations, let the prohibition begin with the slaves of appetite and sensuality."

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COTO, COTOIN, AND PARACOTOIN.

Some attention has lately been paid to coto bark, which has been introduced from Brazil, whence came, too, jaborandi. Whether the later arrival will prove more valuable than its predecessor it is at present impossible to say, but as the diaphoretic has become established in favour we may hope that the properties of coto may be found such as they are reputed. Several German physicians have experimented freely with the new medicine, and they seem to have shown that it is of great value in diarrhœa, &c. It is not known with certainty what tree furnishes the bark, and we shall not dwell upon the conjectures made. In commerce we see it in rather curved, flattened pieces, of a reddish-brown colour, hot, bitter, but hardly astringent, taste, and aromatic odour. A tincture made of one part of the bark and seven of proof spirit may be used, and this form has been used by Gietl, Riecker, Fronmüller, and others. It is principally to restrain diarrhœa and excessive sweating that the drug has at present been employed. In the colliquative sweats and diarrœhas of phthisis it is said to be effectual in a number of cases, and to relieve many others. The dose has been varied from 15 minims up to as much as 1 oz.—the average being ʒj. to ʒiss. during the day. The tincture may be taken dropped on sugar, or diluted with water. It increases the appetite of the patients. In large doses it causes itching or burning in the fauces.

According to Wittstein (*Archiv. f. Pharmacie*) coto contains an ethereal oil, a fluid alkaloid with a herring-like odour resembling that of propylamin, a soft and a solid resin. According to Jobst, the bark contains about 1·5 per cent. of cotoin, a crystallisable substance which can be extracted by ether. From water it is extracted in small quadrilateral prisms of a pale yellow colour; from alcohol in prisms of larger size. These have a pungent taste and neutral reaction; cotoin is slightly soluble in cold, readily in warm water, ether and alcohol. From another specimen Jobst extracted a similar crystallisable body in yellowish, flattened crystals. In this the peculiar pungency of cotoin was not observed, nor was its solubility so great. Jobst called this "parocotoin," and remarked that there was a similarity between this bark and the cinchona bark, where with very little external difference in appearance we may extract quinine, cinchonidin, or cinchonin. Merk gives the following distinction between cotoin and paracotoin. Cotoin is soluble in hot water, melting immediately therein; paracotoin, on the contrary, is only slightly soluble, requiring long-continued boiling. Upon the addition of nitric acid cotoin turns red, paracotoin green. Besides, the solubility of the two differs widely in alcohol and ether.

Dr. Fronmüller has employed coto and its preparations in nearly 200 cases. Of 143 cases he has tabulated the results. The diseases from which these 143 patients suffered were, pulmonary tuberculosis 62, typhus 38, catarrhal diarrhœa 12, acute articular rheumatism 8, gastric catarrh 6, pneumonia 6, uterine colic 3, bronchitis 2, œdema of feet 2, rheuma 1, anorexia 1, diphtheria 1, albuminuria 1. In 93 of these cases there was severe colliquative diarrhœa, and in 91 profuse sweating, also colliquative; both these complications very frequently co-existed.

In the treatment of diarrhœa coto was used in 92 cases, in 85 of which it was administered in the form of tincture. These diarrhœas were principally of a colliquative nature, the result of typhus and tuberculosis. A cure was effected in 50 of these; the diarrhœa was partially controlled in 26, and in 9 cases no result was obtained.

Having observed in a case of phthisis that it restrained the colliquative sweat as well as the diarrhœa for which it had been ordered, Fronmüller employed it in similar cases with excellent results. Altogether he ordered the tincture in 91 such cases, with 34 perfect and 36 partial cures, while 21 cases seemed uninfluenced by it. The good effect, which seems to depend upon increased tonicity of the superficial vessels, usually lasted but one night, though sometimes longer. Digestion was not impaired; the appetite was indeed so often increased that he frequently administered it throughout the morning hours as a stomachic in anorexia. For its full effect he here found it necessary to give 100—200 drops daily; for night-sweats he advised the same quantity toward evening.

Cotoin and paracotoin were given in all 18 times in various forms of diarrhœa; 9 of these resulted in perfect and 6 in partial cures, whilst in 3 cases no effect was produced. In night-sweats these two agents were also given 18 times; 8 were stopped, 9 partially controlled, and 1 was not affected. A peculiarity observed by Fronmüller in the urine after the administration of cotoin was that if treated within six hours after its passage with nitric acid, a distinctly red colour was produced. If allowed to stand a few hours longer, the phenomenon will not be manifested.

Professor Baelz has tried paracotoin in cholera. In 1877, at Yokohama, he treated five Europeans who were attacked, by subcutaneous injections of the alkaloid—0·2 grammes. One of the patients who was cyanosed, with cold extremities, constant vomiting and rice-water stools, was cured by three doses. Another, a pregnant woman, continued to vomit for two days after complete arrest of the diarrhœa. The other cases were not so serious. One of them had to take castor-oil a couple of days later to relieve the constipation caused by the paracotoin!! This is rather a strange statement, but will probably not terrify people into refusing to pursue a trial of the drug. At present coto bark is expensive, and of course the alkaloids are still more costly. With new supplies the price of the bark must fall, and then the tincture at least may be more widely tried.

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THERAPEUTICS OF ELEMENTARY BODIES.

In the course of three lectures on the Positive in Remedial Art, delivered before the Faculty of Physicians and Surgeons of Glasgow in the Session 1878, Dr. B. W. Richardson made an attempt towards classifying medicinal substances according to the part which each element plays in determining action.

The idea is, that if we could correctly learn the specific action on every living animal structure and on animal function of each one of the elements which by their combination make up our medicinal substances, we should easily learn what element in any substance was playing the most important part. Passing then to the study of the action of binary compounds of the elements, we should next be able to detect what are the variations of action produced by such combination, and so, step by step, we might pass to learn the *modus* of the most complex of the organic medicinal substances. For example:—Suppose we knew the precise effect of hydrogen on the body, and the precise effect of nitrogen. What is the difference of action when these elements are united in combining proportions? They are so combined in ammonium. Which of the elements in that compound is the active agent in action? Is the difference of action that may be observed entirely new, as though the compound played a part perfectly distinctive, and as if it were itself an element?

In the medicines we are ordinarily accustomed to prescribe there are included twenty-four of the bodies of the elementary series. These elements are—

Oxygen	Gases when in a free state.
Hydrogen	
Chlorine	
Nitrogen	
Mercury	Metals.
Potassium	
Sodium	
Magnesium	
Calcium	
Copper	
Zinc	
Lithium	
Silver	
Iron	
Lead	
Arsenic	
Antimony	
Bismuth	
Iodine	Non-metallics.
Bromine	
Phosphorus	
Sulphur	
Carbon	
Boron	

In this enumeration some of the elements which have been used on very rare occasions—viz., gold, cadmium, cæsium, barium, and thallium, are omitted, and elements used in medicine are placed in them as they are usually placed in the books, as gases, metals, and non-metallic elements. When, however, we come to consider them from a therapeutic point of view, they may be classified differently, and Dr. Richardson thinks they may be grouped according to their specific action in some such order as the following:—

1.—*Oxygen.*

Chlorine. Iodine. Bromine.
Mercury.

2.—*Hydrogen.*

Potassium. Sodium. Calcium.
Zinc. Lead. Copper.
Magnesium. Silver. Lithium.

3.—*Nitrogen.*

Phosphorus. Arsenic. Antimony.
Sulphur. Bismuth. Boron (?).

4.—*Iron.*

5.—*Carbon.*

The classification here supplied must be considered as tentative only. The position of sulphur he is not quite certain of; boron might perhaps be expunged altogether. The rest stand fairly as presenting analogies of action, if not identities. Iron and carbon stand alone. The groups, for convenience, may be named from the first on each list, as the oxygen, the hydrogen, the nitrogen, the iron, and the carbon group.

OXYGEN.

The following is an account of Dr. Richardson's study of oxygen, as related in the same lecture:—

Carefully prepared and well washed of all impurity, oxygen gas may be inhaled at 55° F. in the pure state without a consciousness of the difference between it and common air. A warm-blooded animal living in a chamber charged with oxygen appears for a long time—often for several hours—to live in perfect health.

In time, and this although the products of the combustion of the animal be carefully removed, there is gradual decline in the temperature of the animal, followed by a tendency to sleep. At last the sleep becomes more determinate, and death occurs in deep sleep. At a lower temperature than that just named, the narcotism produced by the inhalation of oxygen is very much quickened, so much so that the gas, if it could be conveniently applied in this way, might be used as a sedative or narcotic. At a temperature of 32° in a chamber of oxgen I have seen deep coma induced in mice, in pigeons, and in guinea-pigs, within thirty-five minutes of the commencement of the inhalation, death from coma occurring within the hour.

The results are, however, altogether different in character if the conditions of inhalation be modified. In a raised temperature—a temperature of 75°—the inhalation of oxygen may be sustained without coma, and, indeed, without injury, for long intervals of time. In order to try this question, a small room was constructed, that could be steadily changed and ventilated with pure oxygen gas. In this room Dr. Richardson kept full-sized, warm-blooded animals, in one instance for three weeks, without being able to observe any variation from the natural life that could be considered detrimental. The only peculiarity they showed was voracity of appetite, and in spite of the most exuberant supply of food, a moderate loss of weight of body. At all times during this process the blood was of the same colour in the veins as in the arteries—viz., of rich, bright, arterial crimson.

This power of pure oxygen to sustain life would support the view that, under favourable conditions of temperature, the gas is inert. The suspicion is not correct. It is a most curious fact, and one he has confirmed by many experiments, that in order to retain the capability of the gas to support life for a long time, it must be always freshly made. Washed, however carefully, of impurity, rendered by purification a perfect oxygen, as perfect to all physical determinations as when it was first evolved, it nevertheless loses its power to maintain healthy life if it be passed a few times through the chamber in which the animals have breathed it, unless the temperature be raised, or it be subjected to the effect of the electrical discharge.

In the most singular manner heat and electricity alike modify oxygen as a supporter of animal life. In 1860 he placed three full-grown mice in a jar containing 100 cubic inches of pure oxygen gas. One of these animals was placed now in a temperature of 45° F.; another was placed in a temperature of 75°; the third was placed in the same temperature as the first—viz., 45°, but with this difference; that into the jar containing the animal there was introduced, through the stopper, a pointed copper wire, connected with the positive conductor of a frictional electrical machine. When the machine was set in motion, a brush was produced at the point of the copper wire. Every five minutes this electric brush was excited within the jar. He knew, from previous experiment, that the animal placed simply in the colder atmosphere would fall asleep, and sleep to death in the matter of from one to two hours, and this was fulfilled. He knew that the animal in the warmer atmosphere would continue to live for many hours, until it became affected with the products of its own combustion, and that was fulfilled; but he was not prepared for the result in the third case—namely, that the animal, falling into a narcotised condition, would nevertheless continue to live in sleep so long as the electrical excitation was sustained. It lived under these conditions seventeen hours in gentle sleep; on being set free, it showed no sign of injury, and lived on as before the experiment.

For supporting life oxygen takes, then, a given activity both from heat and electricity. By reduction of either force it may be rendered negative, by addition it may be rendered active. The fact recalls to the mind the discarded Stahlian theory of phlogiston. Priestley's dephlogisticated air may be, as it were, recharged, upon which it assumes new, and, in respect to life, more potent sustaining qualities.

We must follow this point yet a step further. Oxygen may not only be charged but surcharged, both by heat and by electricity, so that it may become a fatal agent. In an atmosphere of pure oxygen as soon as the temperature passes 90° Fahrenheit there is danger, not now from sleep, but from changes occurring in the blood and in the muscular fibre. There is separation in the blood of the fibrine, the fluid colloid solidifies; the myoscine of the muscle solidifies; and there is death, followed almost instantaneously with intense cadaveric rigidity. These phenomena are, it should be observed, much more rapidly developed in carnivorous than in herbivirous animals.

An atmosphere of pure oxygen charged with electricity, by being passed through the ozone-producer, may be made a fatal atmosphere, fatal in a degree immediately under the control of the experimentalist.

In a temperature of 70° F. oxygen may be rendered by the electric spark so condensed as to be absolutely irrespirable. Reduced so as to become respirable the inhalation of it causes pain in the head and a singular soreness of throat, with oppression of breathing and dryness of the mucous surface. If in the lower animal the inhalation be continued so as to produce distinct effects, the symptoms induced are rapid breathing, free secretion from the mucous passages of the lungs, intense action of the circulation, and sometimes sudden dissolution from excessive cardiac action. In experiments with ozonised, as with heated oxygen, the effects are much more marked on carnivorous than on herbivorous animals.

It is also worthy of notice that the effects both of heat and electricity on oxygen are reduced in the most signal manner by the presence of water-vapour in the atmosphere. With pigeons the simple process of saturating the gas with water is sufficient to neutralise eleven degrees of heat:—*i.e.*, an atmosphere of dry oxygen warmed to 107° F. will prove fatal to the animal with rapidity; while an atmosphere of oxygen saturated with water-vapour may be raised to 118° F. before it will cause danger. The same truth holds good, in a relative degree, in respect to oxygen in the electrical condition. Both truths have most important bearings on the subject of climatic influence and atmospherical disturbances.

The effects of oxygen, when it is inhaled by the living body, are thus varied by conditions in the most marked degree. Oxygen may simply support life; it may depress vital action; it may exalt the vital processes, and all according to the state in which it is presented to the blood. It is observable at the same time that it never acts so as to produce what may be called violent symptoms; it never produces convulsive action nor sign of suffering of pain.

ABOUT BOOKS.

Cyclopædia of the Practice of Medicine. Edited by Dr. H. von Ziemssen. Vol. xiii. "Diseases of the Spinal Cord and Medulla Oblongata." By Prof. W. H. Erb. Translated by E. G. Geoghegan, M.D., E. W. Schauffler, M.D., D. F. Lincoln, M.D., and J. A. McCreery, M.D. London: Sampson Low, Marston, Searle, & Rivington. 1878.

The new volume of the Cyclopædia possesses the advantage of being written by a single author, and one too who has made his name known not only in Germany, but throughout Europe and America. Then, too, the diseases of which the volume treats have lately excited attention, so that the profession will receive this contribution with considerable expectation and interest. We believe the general verdict will be as favourable as that which has awaited any of the preceding volumes. A difficult subject is treated with a master-hand, and the translators have well interpreted their author. Englishmen may read in their own tongue the last views of one of Germany's foremost neurologists. The improvements of the last two or three decades are here all welded into their place, and the effect of the whole is to give the reader satisfaction, whether he be a beginner or one who, having been long in practice, has to unlearn much and to reconstruct more.

The improved methods of pathologico-anatomical examination which have so much advanced our knowledge of these diseases, and the gains from experimental pathology, are both taken advantage of by the author, but at the same time he has not forgotten that he is writing for practitioners, and that, therefore, clinical facts are of the utmost importance. The reader will be glad to find how much the prognosis of some diseases has of late been improved, and that thoughts of the cure of some lesions formerly considered hopeless may be entertained. This, indeed, is known to be the result of recent work, though often doubts are cast upon it, and it is, therefore, encouraging to find that so high an authority may be cited in favour of the progress of this branch of therapeutics. Much is due to those who have so assiduously worked at electricity in its therapeutical applications, as well as to the investigators in physiology and pathology who are continually adding to our knowledge. So constant, indeed is the stream which supplies us with facts and theories bearing on this important branch of practice, that we are glad to interrupt our studies of new points and our endeavours to keep pace with progress, by a leisurely perusal of a digest of what has been done by so able a man as Prof. Erb, and as that digest has taken the form of a complete treatise, including the new with the old in its proper place, it is a double advantage to read it, and we can, therefore, advise all practitioners that they will find a study of its pages profitable as well as pleasant. A text-book like this carefully read will prove for them an event in their professional history. To show how thorough it is, we need only point out, according to our custom, its general scope, which, if in some respects similar to its predecessors, is not without its own individuality.

First, we have an anatomical introduction. This is followed by a physiological one. Both these, especially the latter, will be welcome to practitioners, as they are very practical. General symptomatology follows, then general etiology, general diagnosis, and general therapeutics. These introductory portions are of great value—the anatomical and physiological descriptions, concise and practical, exactly suited for their purpose. They are properly supplemented by the account of symptoms which saves the need of repetition in later parts. The therapeutical observations which follow are fuller than many German authorities would give, and will, therefore, be more readily accepted. Balneology, indeed, we English are perhaps less prone to treat than our Continental friends, but the other departments of therapeutics obtain with us a full share of attention.

The next division of the book is devoted to a detailed exposition of the diseases of the spinal membranes, to which is added a valuable addendum on anatomical changes which we see, but which are without any known clinical significance. After this the diseases of the spinal cord itself are entered upon and described individually at length. The work includes injuries, deformities, malformations, and, in a separate section, rare and doubtful diseases.

Diseases of the medulla oblongata form a distinct treatise, arranged on a similar plan. This is written by the same author, so that in a single volume we have Dr. Erb's two works. They are, however, closely related to each other, and, indeed, are so intimately connected that it is well they are comprised in a single volume; and it is well, too, that their distinguished author has thus had the opportunity of fully expressing himself and giving oneness and completeness to his work; and when we remember that he wrote another entire volume of this Cyclopædia—the 11th, treating of diseases of the peripheral cerebro-spinal nerves—we must acknowledge that in him Prof. von Ziemssen has found a laborious coadjutor who has furnished him with a very elaborate treatise on the most difficult part of neurology, one which specialists must needs refer to, and which others will read with profit.

Prof. Erb is most known in England for his contributions to electro-therapeutics. Henceforward, he will be known to a much wider circle and on a much wider subject.

Studies in Pathological Anatomy. By FRANCIS DELAFIELD, M.D. Nos. 1, 2, 3, and 4. New York: William Wood and Co. 1878.

THIS work consists of a series of coloured plates with an accompanying text, which is coming out in parts in royal octavo. Each number contains from two to five full-page plates with the text, and when completed the work will be a most valuable treatise. The fidelity of the illustrations, their delicate colouration, and their minute detail are remarkable, and reflect the greatest credit on the author, who has himself made all the drawings from actual specimens. The work is the result of investigations carried on during several years, and like all similar researches, can scarcely be called complete. No doubt Dr. Delafield will continue his labours in the field where he has already reaped a fair harvest, but we think it a great advantage that he has seen his way to produce this lasting record of what he has already achieved. The punctuality with which the publishers bring out other works is a guarantee that they will not delay the future numbers of this. The parts before us deal with the subject of pleurisy; after that peritonitis and meningitis are to be taken up. In Part I. the connective tissue is discussed by the aid of three plates, thus preparing the way for the pleura, of which five beautiful plates are given in Part II; where the author, after quoting from a common anatomical description, says it is more convenient for the purpose in hand to consider it differently. The pulmonary pleura, he says, is not merely a membrane covering the lungs, but an essential part of these viscera. The lungs are composed chiefly of connective tissue, and this on the surface is arranged in the form of a smooth membrane, so that "it would be difficult for the lungs to be constructed at all without some such smooth external surface." In the same way he views the inner surface of the thoracic cavity; the costal pleura being continuous with the periosteum of the ribs and the fasciæ of the intercostal muscles, and so on with regard to the diaphragmatic and mediastinal pleura. Then follows an account of the minute anatomy of the pleura, illustrated by excellent plates from specimens in the dog and man. In Part III. pleurisy is the subject of four plates showing the changes observed in twenty-four hours, new cells; on the third day, layer of cells and fibrine; on the fifth day, layers of new tissue; and from the 7th to 9th day new endothelial and connective tissue cells. The next part takes up empyema. The early stage of this is not often to be examined in the human subject and it is not certain that, as produced in animals, the appearances are the same. They must, however, be instructive, and Dr. Delafield gives us a beautiful plate of the early stage of empyema in a dog, which he produced by a seton. In this the endothelial cells are shrunk, and look almost as if processes were given off from them. At this stage pus globules appear just under the endothelium, but there is no fibrine, serum, or increased connective tissue cells. The changes that ensue are briefly described, and a plate is given of the appearances on the 10th day. To these are added plate xv., a vertical section of the human pleura in empyema. We have said enough to show the plan of this work, and the value of the brief explanatory text, which is good enough to make us wish it rather longer. But it is impossible to describe the plates in a manner to give an idea of their value Suffice it, that they seem to us so clear and natural that we earnestly recommend to our readers Dr. Delafield's "Studies in Pathological Anatomy" as well worthy of their own profound study. Anyone who has doubts on the matter would do well to dispel them by purchasing either of the numbers we have mentioned (which can be had separately).

The Antagonism of Therapeutic Agents; and What it Teaches. By J. MILNER FOTHERGILL, M.D., Assistant Physician to the West London Hospital and Victoria Park Hospital. London: Macmillan and Co. 1878.

THIS is the essay to which the Fothergillian Gold Medal of the Medical Society of London was awarded, and we congratulate the author on having thus linked his name with that of his former distinguished namesake. The subject is an attractive one to every thoughtful practitioner, and in this essay we have a bird's-eye view of what is most certainly believed respecting it at the present day. The antagonism of some poisons to others has long been known, and from time to time in an irregular way utilised; but it is only in our own era that experimental research has furnished abundant facts to justify clinical application, which promise great reward. Opium and belladonna were for ages thought to be actual antagonists, and for at least two hundred years the symptoms of one have been from time to time relieved by the other drug; but it is only in recent times that we have come fully to understand the properties of the two agents, and the scope of their antagonism. Indeed, even now not a few have yet to assimilate the therapeutic knowledge that exists in this respect, though happily many others are applying it. Much of the information that used to be classified under the term incompatability, has been expanded, and made to serve our purpose in the determination of antagonism. But it is to careful experimental investigations, such for instance, as those of Dr. Fraser—whose name our author spells Frazer—on Physostigma, that we owe the most. These researches, recent as they are, are published in various quarters, and some are not readily accessible. Many will therefore be glad of a conspectus of them, and such they will find Dr. Fothergill's essay contains. He has shown himself competent for this sort of work by his previous productions, and we can only say that this is quite on a par with his other writings.

To many the last two chapters will be the most interesting, as they treat of the practical uses of our knowledge of antagonism. Here we have the history of the case of opium poisoning, in which the author injected a grain of sulphate of atropia at once. His patient recovered, but we cannot advise any one to follow the practice, and we are surprised that Dr. Fothergill himself should not see how hazardous it was. It may be admissible that he was able to judge of the urgency correctly, but certainly the many who have not experimental knowledge of opium poisoning, would be wiser to try the effect of smaller quantities. When we reflect on the speed with which drugs introduced hypodermically produce their effects, we feel that even in his own hands Dr. Fothergill would have been more judicious to employ small doses, and repeat if need be. In this matter we prefer safety to risk.

A number of useful practical hints—most of which we can endorse—will be found in this book, and if we are not prepared to follow the author in all points, we are at least glad to receive his suggestions, the majority of which we find coincide with the results of our own therapeutical studies.

Domestic Medicine and Hygiene. By William J. Russell, M.B. London: W. H. Everett. 1878.

We have not much to say in favour of books on domestic medicine, which we fear are more frequently mischievous than useful. We do not believe that "persons of average intelligence" can undertake to treat even "mild cases" of various diseases satisfactorily. On the contrary, such cases we consider would be better left to Nature than meddled with by unskilled persons. We may, however, admit that "the patient and his nurses, by having an intelligent idea of what is aimed at, may be able to render important assistance and avoid mistakes." The inclusion of hygiene is therefore proper in a book on domestic medicine. Indeed, this branch might be largely expanded. In fact, perhaps sanitation is the extent of popular knowledge which is desirable. The author must have felt some of our objections when he put on his title-page a motto including the words "experience is delusive." If so, what must the inexperienced person's judgment of a case be worth? We may further object that some of the diseases described should find no place in such a Manual, as they are always serious and difficult for the careful practitioner to manage. Putting aside these points, one may admit that the author has compiled with care, and that under certain circumstances his book will be welcome. On ships, for instance, where there is no surgeon, and in some other cases where it is not possible to obtain aid.

Some of his remarks we have read with satisfaction, especially those which relate to hygiene or to nursing, and those too which refer to the management of children, their clothing, bathing, diet, &c. We do not think that the other parts are calculated to render so much service, but we must admit that the compilation has been made with considerable judgment, and is a tolerable exposition of medical practice. Of course it is not necessary to consider the theories adopted by the author. It is enough that he gives only those that guide him, and they have support by some living authorities. He advises the use of Thevenot's globules as a mode of giving exact doses. Of course this implies that the reader, who is guided by the book, should procure a stock of these or of some other ready-made pills, though any pharmaceutical chemist would no doubt supply ready-dosed pills.

Finally, we note that the author recommends those who wish for a more extensive work to consult Aitken, which he pronounces the best in any language, a eulogy few will dare to repeat, or Niemeyer; and on hygiene, Wilson. The recommendation of such books to the lay public is almost amusing. Why not tell them to read text-books on anatomy, physiology, pathology, chemistry, and therapeutics, as a sort of preface to the understanding of popular or domestic medicine?

Étude experimentale et comparée sur l'arsenic et l'huile de foie de morue dans le Traitment de la Phthisie Pulmonaire. Par Joanny Reudu. Paris: G. Masson. 1878.

This is the account of a careful study undertaken at the Hôtel Dieu, of Lyons, in order to determine the relative values of arsenic and cod-liver oil in the second and third stages of consumption. It is illustrated with eight plates of the temperature, sweat, muscular force, weight, and diarrhœa in the patients, and two thermometric charts. The most important part of the essay is the clinical account of the cases, and we have remarked with pleasure the precautions taken to prevent error or misapprehension. It is difficult to guard against all sources of fallacy, but we have seldom read a history which more impressed us with the care of the experimenters, and therefore with the trustworthiness of the narrative. A number of cases were placed on simple tonics, others on arsenic, others on oil, and careful observations made as to their progress for about three months. The rectal temperature was taken morning and evening. The degree of diarrhœa and sweating was recorded, and every ten days the patients were carefully weighed, and their muscular force tested by the dynamometer. The results were in favour of oil, which gave a net gain of weight equal to 2·15 per cent. of the patients' weight, while arsenic showed a loss of 4·7, and the simple tonic, 4·9 per cent. If, as the author thinks fair, we add to the gain the loss that was prevented, we find that cod-liver oil gives us 7 per cent. gain in the weight. On the other hand, the local lesion did not partake in the improvement caused by the oil in the general nutrition.

The charts exhibit a constant inverse relation between the weight and temperature, and between the latter and sweating or diarahœa. When there is no fever, diarrhœa, or sweating, the weight increases regularly with the exhibition of oil, but the increase is never so rapid as in non-consumptive patients. The increase in weight will begin about a fortnight after the temperature has fallen to normal. With a temperature of 38 deg. Cent., a patient may keep tolerably well for some time, provided sweating or diarrhœa do not set in. The practical value of these results is obvious.

1.—*Tratado Elemental de Toxicología, General y Descriptiva.* Por el Doctor D. Ignacio Valentí y Vivó Catedrático de Medicina de la Universidad de Barcelona. Barcelona. 1877.

2.—*Atlas de Micro-Química y Fitografia Applicadas a la Toxicología,* anexo al tratado de esta ciencia, publicado por el Doctor D. Ignacio Valentí y Vivó. Barcelona. 1878.

For a long time in medical matters Barcelona has maintained an honourable rivalry with Madrid, and the two works before us reflect the highest honour on the school which has produced them, as well as on their author. The first consists of a complete Manual of Toxicology, in which the author gives his own views, but in which he has also taken care to set before his readers the opinions of the most eminent toxicologists of all countries. We notice, too, that it is fully up to date, the most recent of our English contributors being referred to. The first part of the work is devoted to preliminaries and to classification. In the second, we have a description of the various poisonous substances, and as many of these are in constant use, the work is of interest from a therapeutical point of view, as well as a medico-legal. In the third part, general toxicology is touched, the most interesting chapters being the clinical and experimental. In treating of prevention and other points the laws of Spain are of course referred to, though the author, when occasion demands, goes beyond local legislation.

But it is the second of the works at the head of this review which chiefly excites our admiration, for in it the author presents us with a most valuable treatise. This "Atlas of Toxicology" consists of eighteen plates of 4to size, serving either as a supplement to the author's treatise, or as an independent work. The first twelve plates are devoted to crystals of alkaloids, &c., six figures being on each—thus giving us seventy-two distinct objects. Some of these have never been figured before, and the reader will therefore be doubly pleased to meet with illustrations of the rarer alkaloids. The other plates are taken up with plants, the several distinctive parts being exhibited. Naturally, these cannot be shown with the same regularity as the crystals, and the figures are, therefore grouped together according to size, shape, &c. From six to eight plants are drawn on each plate, and generally separate figures are given of the most important parts. An explanation is printed opposite each.

Indigestion and Diet. By John Dewar, L.R.C.P.E., &c. London: Hardwicke & Bogue. 1878.

The sufferers from indigestion are legion, the majority, no doubt victims to their gluttony and determination to "live to eat" rather than "eat to live." There are, however, many persons who experience great difficulty in so regulating their dietary as to avoid giving work to some feeble digestive organ which it cannot do. There is a dietary suitable even to the most unhappy dyspeptic if it were only ascertained. Dr. Dewar's little work will be found useful both to patients and practitioners. It contains, in addition to brief descriptions of the chief disorders of digestion, an intelligent account of the principal articles of food, and descriptions of those suitable for patients suffering from different forms of dyspepsia.

1.—*Le Eminenze Bigemine Anteriori ed il Tratto Ottico della Talpa Europea.* 1878.

2.—*Sull' Anatomia Microscopica e sulla Morfologia Cellulare delle Eminenze Bigemine dell' Uomo e degli altri Mammifiri.* Per Ferruccio Tartuferi. 1877.

These two communications are the fruit of some solid work in the Physiological Laboratories of Bologna and Pavia, and will command the attention of anatomists and physiologists. The author's investigations lead to the conclusion that errors have been circulated which his careful work will be the means of correcting. We therefore invite the attention of our scientific anatomists to his able papers.

IN THE LABORATORY.

PELLETIERINE.

According to M. Tanret, who first isolated the alkaloid of the pomegranate, it may be obtained from both the root and stalk-bark. He named it in honour of Pelletier, who paid some attention to alkaloids. It does not seem to be poisonous, though, in large doses it reduces the pulse—not the temperature—and causes vertigo. It remains to be proved whether it is an active anthelmintic. To prepare it, the bark, roughly powdered, is moistened with milk of lime, then placed in a vessel, and lixiviated with cold water. Three parts of the liquor are retained, and are agitated with chloroform, and the solution drawn off by proper apparatus. The chloroformic solution is then shaken up with dilute acid until the reaction is neutral or slightly acid. Thus a solution of chlorate, sulphate, &c., is obtained, according to the acid employed. This is evaporated in vacuo over sulphuric acid, in order to obtain the crystallised salt. To isolate the alkaloid, the saline solution is treated with carbonate of potassium, and shaken up with ether or chloroform. The ethereal or chloroformic solution being distilled at a low temperature, the alkaloid is left as a residuum. A kilogramme of *dried* pomegranate root has by this method yielded Tanret nearly four grammes of sulphate of pelletierine. Fresh root would no doubt yield more. The alkaloid is an oily looking body, soluble in water, alcohol, or ether; much more so in chloroform. The salts are deliquescent.

PLATINUM DISHES OR ARTICLES.

Mr. T. Garside says (in the *Chemical News*, August 9) that a slight damage, such as a small hole, may be repaired by placing the article on an anvil of plaster of paris, moulded to fit the inside, and welding on to the defective place a piece of platinum foil under the influence of the blow-pipe flame and gentle taps with a small hammer. The surfaces to be brought into contact should be previously scrubbed with sand until perfectly clean, and under these conditions the two pieces of platinum unite perfectly and form a neat joint. Platinum wires may be joined in a similar way.

ADULTERATION OF QUININE.

Long ago we exposed the adulteration of quinine with carbonate of soda. In that case, the extent of adulteration was unusually large. Lately, sulphate of quinine has been sold, in which there was a considerable proportion of nitrate of potash. The two salts seem to have been crystallised together, and the result might pass a cursory examination with the naked eye.

ABSOLUTE PHENOL.

Messrs. Bowdler and **Bickerdike**, of Church, Lancashire, have introduced under this name an article which is said to consist of carbolic acid in a state of extreme purity, prepared from coal tar, but which resembles in its properties the phenol prepared artificially by the distillation of the resin of *Xanthorea hastilis*, or of salicylic acid with caustic lime. It is more completely and readily soluble in water than the ordinary surgical carbolic acid, and as a dressing, will probably produce a maximum of protective effect with a minimum of irritation: it is also to be preferred for internal administration to the acid of the British Pharmacopœia.

DIALYSED IRON.

This preparation, to which we have drawn attention, is not to be allowed to displace all other chalybeates without being challenged. Bouchardat, in his Annual, puts it among the least active preparations of iron, and in Philadelphia several have spoken against it as both "inactive and unclean." They say that it does not pass through the dialyser, and is therefore not likely to be absorbed; that as a colloid—not a crystalloid—its employment is theoretically wrong, and no doubt founded on a mistake, and the oxide it contains is at once precipitated by weak acids or alkalies, and that this is most likely its fate in the stomach, whence it passes into the intestines, and is removed in the fæces. Such opposite views being circulated, some of our leading chemists might well undertake to settle the question.

FORMS OF IODINE.

Dr. Blackwill has drawn attention (in the *Phil. Med Times*) to the use of oil of *bitter* almonds as a solvent for iodine. In the course of a couple of months, the oil will take up a third of its weight of the metalloid, and the solution can be mixed with oils, fats, glycerine, alcohol, ether, &c. We give his formulæ.

Iodised oil of bitter almonds { contains 20 per cent. iodine.

℞. Iodinii pulv., ℈j.;
Olei amydalæ amar., ℥j.;

Mix and shake occasionally for two months. This can be used externally mixed with glycerine, soap liniment, or other substances.

Iodised Glycerine.

Take of—
Iodised oil of bitter almonds, ℥j. (= 15 grs. iodine.)
Glycerine, ʒvij. Mix.

This diluted may be also used internally, in doses of 2 drops (= 1-20 gr. iodine).

Iodised Water.

Take of—
Iodised glycerine, ℥j. (= 2 grs. iodine).
Water Oj. Mix.

A tablespoonful of this (about 1-20 gr. iodine) can be taken for a dose.

Iodised Cod-liver Oil.

Take of—
Iodised oil of bitter almonds, gr. xvj;
Cod-liver oil, Oj. Mix and shake.

A teaspoonful contains 1-32 grs. of iodine.

SIMPLE WATER TESTS.

The *Boston Journal of Chemistry* gives a few simple tests, which may be interesting to some of our readers. With regard to nitrates, for example, the article advises us to put a small quantity of the water in a test tube; add an equal quantity of pure sulphuric acid, using care so that the fluids shall not mix; to this add carefully a few drops of a saturated solution of sulphate of iron. The stratum where the two fluids meet will, if nitric acid be present, show a purple, afterwards a brown colour. If the nitric acid be in minute quantities, a reddish colour will result. The presence of ammonia, if in excess, can be determined by treating the water with a small quantity of potassic hydrate. Ammonia, if present, will be liberated, and may be recognised by its odour, or by the white fumes of chloride of ammonium when a glass-rod wet with muriatic acid is passed over the mouth of the test tube. If chlorine is present in any form in water used for drinking, it is evidence that sewage contamination in some form exists. The presence and amount of chlorine may be ascertained by the following simple method: Take 9 grains of nitrate of silver, chemically pure, and dissolve it in 200 units (say, cubic centimetres) of distilled water. One unit of the solution will represent 1-100th of a grain of chlorine. Take a small measured quantity of the water to be examined, and put it into a glass vessel more than large enough to hold it. Add to the water a *small* quantity of the solution; if chlorine be present, a white precipitate will result. Repeat the addition, after short intervals, until no precipitate results. The units of the solution used will determine the hundredths of a grain of chlorine present. If more than a grain of chlorine in a gallon be present, reject the water, unless it can be clearly determined that the excess does not come from sewage. The water should be slightly acidulated with nitric acid before the test is applied.

Heisch's sugar test for the presence of dangerous organic matter, is worth repeating in this connection. Place a quantity of the water in a clean, glass-stoppered bottle; add a few grains of pure sugar and expose to the light in a window of a warm room. If the water becomes turbid even after exposure for a week, reject it; if it remains clear it is safe.

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INDEPENDENT DEPARTMENT.

REPORT ON SKIN DISEASES AND SYPHILIS.

By CHARLES R. DRYSDALE, M.D.,

Senior Physician to the Metropolitan Free Hospital; Physician to the Rescue Society of London's Lock Hospital.

Dr. Voss, of St. Petersburg, alleges that the milk of syphilitic women is virulent if subcutaneously injected in a healthy patient. He bases this assertion on the fact that he inoculated a young prostitute, who had not had syphilis, by subcutaneous injection of the milk of a pregnant woman affected with the disease. This injection was made on September 27th, after the patient had been eleven days in hospital. An abscess followed, which healed on the 24th October; but on November 3rd, forty days after injection, a papular eruption appeared round the injection point, and five days after this there was a syphilitic rash. This case is not very clear, as no well-marked primary symptom is narrated as having been seen at the point of injection, and the patient might have contracted the disease before she entered hospital.

Gonorrhœa in the Female.—This is such an obscure disease that it is worth while discussing it in various lights. Dr. Darby (*The Hospital Gazette*, 1878) gives a clinical lecture on the subject, in which he remarks that in "specific" gonorrhœa there is usually an extensive burning in the urethral tract, which is usually absent in non-specific cases. Gonorrhœa may attack one part alone of the genital organs, such as the urethra or the cul-de-sac at the back of the cervix. It is almost useless to attempt to cure the disease in the female by any internal remedies, and Dr. Darby thinks nearly as much may be said as to male gonorrhœa. The days of copaiba and cubebs are passed. Alkalies make the urine less acrid, and are of use on that account, and only for this reason. Lead lotion is the best when inflammation exists without much suppuration, used with a fountain syringe. A seidlitz-powder or dose of epsom-salts to remove congestion are useful. If there be much fever, Dr. Darby recommends tincture of aconite or gelseminum sempervirens, which reduces constitutional disturbance produced by a local cause. When the discharge is profuse and purulent, warm water injections are needed. He also recommends as an injection half an ounce of chlorate of potash with one ounce of alum in a quart of water. It appears that Dr. Nœggerath, of New York, alleges that a man who has once had clap may, when be marries, have a recrudescence and contaminate his wife. This is surely extremely rare.

Dr. Hallopeau, of Paris (*France Médicale*, 1878) has written a thesis on the "Physiological and Therapeutic Properties of Mercury." He shows how Torella, Vigo, Massa, Fracastor, Von Hutten, Brassavolus, Fallopius, Paré, and many others heaped reproaches on this drug, or were loud in their praises of it. At the end of the 16th century, its triumph appeared assured, and it reigned without opposition until the end of the 18th century, when it was assailed with multiplied attacks. Anti-mercurial schools arose on all sides. Broussais discarded it, as he did all specifics; Auzias Turenne opposed it; Hermann, of Vienna, was above all most violent against it, but he had no adherents in Germany. Other and more reasonable opponents said that syphilis tends naturally to be cured, and that mercury does not lessen its gravity, so that it is superfluous.

Statistics of Medical Men.—At the Congrès International d'Hygiène de Paris, 1878, Dr. Marmisse, of Bordeaux, read a paper on the "Mortality of Practitioners of Medicine," confirming the view that many of our profession are carried off by infectious diseases.

Dr. C. Drysdale, of London, Vice-President of the First Section, spoke of some statistics of the families of medical men in France, which he had recently collected. Taking the families of thirty-two well-known medical men in Paris, including Velpeau, Trousseau, Marjolin, Gubler, Bertillon, Perrin, Bergeron, Poggiale, Delpech, Devergie, Pidoux, Bouchardat, Fauvel, Charcot, Lassegue, Broca, Gosselin, Richet, Herard, Behier, Nélaton, Trélat (*pere*), Trélat (*fils*), Millard, Siéredy, Rochard, Dumontpallier, Labbé, Lancereaux, &c., he found that thirty-two doctors had had sixty-three children. In Bordeaux, there were twenty-three doctors with thirty-eight children. In Laon, there were six doctors with eight children. This gave a total of 109 children to sixty-one medical men, a very small number, not two each. If this were voluntary, as all said it was, it was a most significant fact that such great authorities on hygiene should prefer such small families.

Dr. Bettencourt, of San Francisco (*Pacific Medical and Surgical Reporter*, 1878) speaks of the medical and hygienic treatment of syphilis as follows: The salts of mercury and iodine, judiciously employed, are capable of accomplishing the cure or amelioration of the conditions of syphilis more effectually and promptly than any other medicine yet known to the profession. Out of the expectant treatment of syphilis a few, but very important, facts have been established, namely, the possibility of a spontaneous cure in soft chancre, and the necessity of avoiding salivation. The attention to the general health of the patient is of the greatest importance. The practitioner must not be satisfied with merely prescribing a generous diet, but, if there is alopecia, should give iron. He should recommend regular daily exercise, so as to improve digestion and to promote perspiration. The skin should be rubbed frequently with cloths, and slight saline laxatives are useful. Patients should be warmly clothed, as warmth is favourable to the cure of syphilis. This appears true from the fact that the inhabitants of temperate climates and workers in manufactories seem to suffer in a less degree and less frequently the secondary and tertiary forms of the disease than those who live in cold climates, and whose habits of life expose them constantly to a low temperature. The abuse of tobacco and alcohol must be avoided. Bathing is recommended, and avoidance of all angry passions or emotions of the mind.

The Nature of Acne.—Mr. J. Hutchinson's description of acne contains a division of it into pustular, rosy, tuberculated, punctated, and common acne. These are only, he says, varieties of the same disease, for all are inflammations of the sebaceous follicles. Pustular acne is constituted by suppuration of the interior of the follicle. It is a disease of persons who have a coarse skin, or in whom the sebaceous follicles are larger than usual, and gape. There are two kinds of acne as regards age—acne juventutis, and acne of elderly persons. In the young, pustular punctated is common; in the elderly, rosacea and tuberculata. As to the relation of acne in the young to sexual emotions, Hutchinson admits the belief to be well founded in some cases, as it is common in young bachelors and less so in married men; but this may be caused by the age of the classes. Women are sometimes liable to have spots of acne at their menstrual periods, and men when they have nocturnal emissions. It is perhaps rather a condition of sexual irritability than of exhaustion which produces acne. Diseases of the digestive organs in middle life cause acne in some cases, especially acne rosacea. In other cases no cause can be found.

So-called "grog-blossoms," usually considered proofs of intemperance, are often by no means due to alcohol. The most intemperate persons often have no acne, and in the most inveterate cases we are sometimes obliged to treat the case as one which is merely local.

If young, the patient should take a cold bath, live well as to meat, and be spoken to about his sexual organs. Small doses of arsenic are often of great use. All such means may fail, and a local cure may be effected by destroying the inflamed follicles by a fluid caustic. With a piece of soft wood cut to a point you may touch the inflamed spots from day to day, taking care not to apply too much. Acid nitrate of mercury is the best caustic, and the touching may be re-applied once a week or once a month, carefully searching out every fresh spot. The acid thus used does not leave larger scars than the spots themselves would do.

In acne rosacea the use of the caustic will serve another excellent purpose, for not only the spots themselves may be touched, but the stray vessels which diffuse so much. "He, or more frequently she, will gladly exchange a few slight and hardly perceptible scars for the angry and very suspicious-looking redness of face the disease causes." This is the best contribution to the natural history of acne we have ever read.

Caruncle of the Female Urethra.—Dr. Goodell, of Pennsylvania Hospital, says this is the most common and painful affection of the female urethra. It causes great emaciation in some instances, and great agony in passing water. The disease simulates uterine disease, and is often treated as for this. The tumour is exquisitely sensitive, and bleeds with the slightest touch. The pain and irritation by such tumours has been known to cause a fit of insanity. Caruncles, Dr. Goodell thinks, are more common in married than in single women. They are hypertrophied urethral papillæ, and may be single or multiple, sessile or stalked, pink or scarlet, and are usually found at the mouth of the meatus, and at its lowest verge. They vary in size from a pin's head to a pigeon's egg, but are usually not larger than a raspberry. There is no proportion between the size and the pain of the tumour; the more vivid it looks the more sensitive. The prognosis of caruncle is good when the tumour is stalked; when sessile or multiple it is not easy to get rid of it. When stalked it may be snipped off; when sessile, the patient must be put under the influence of some anæsthetic, as much as possible must be removed with a pair of scissors, and the parts cauterised with nitric acid, or a red-hot knitting-needle may be used. Suppose the patient will not let you use the scissors, what is to be done? The end of a lucifer-match is to be provided, and the parts touched twice a week with the crystals of carbolic acid made fluid by heat. This operation is painless, and will effectually mummify the caruncle and blunt its sensitiveness. If chromic acid be used, its action should be neutralised by lint dipped in a strong solution of carbonate of sodium.

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MEDICAL OPINION.

DOCTOR'S FEES.

The *Lancet* says :—

Receiving no pay for hospital work, and restricted in practice, where must the consulting physician and surgeon look for a livelihood? The *mens conscia recti* will encourage him in his weary charitable labours, and console him in his disappointments; but it will not buy him a house, clothe him, feed him, educate and support those who are committed to his care, much less supply him with a few necessary comforts in declining health or in premature old age made painful and unlovely by the ravages of responsibility, worry, and anxiety of the public service. If the public do not discharge their full share of charitable obligations, they cannot be surprised if they are made to pay in some other way. So long have they closed their eyes to the patent facts that they now resist a moral claim as an iniquitous imposition.

The remedy is in our own hands. The members of the profession have now an opportunity of speaking out and making their position known. They must fix their own value, and stand by it. Failing collective action, it is incumbent upon the leaders of the profession to set the example, and add worth and dignity to their calling by appraising their services more highly. Instead of two guineas being excessive for a first consultation, it is not adequate in many instances to the trouble and anxiety of even later consultations. There are physicians and surgeons in London who ought to receive not less than five guineas for each consultation. It is idle to urge that it cannot be done; it is done elsewhere, and may be done here. In America the heads of the profession are not willing to be set down at a guinea, and there is no reasonable cause why Englishmen should put their value below that of their brethren on the other side of the Atlantic.

The *Medical Press and Circular* says :—

Unless we are mistaken, there are two reasons why the consultant's fee is, with a few exceptions, more grudgingly given now than it was in the time of our predecessors. In the first place, it may be confidently asserted that the public have not so much confidence in medicine as they formerly had. They have the same respect for surgery, and can place in this science the same confidence as they did in the days of Cheselden or Abernethy; but in medicine their faith has been more than once rudely shaken. They can believe in an operation when they cannot believe in a prescription, and the surgeon's knife is often more honoured than the physician's drugs. Then, again, the relation between the physician and general practitioner is, in a scientific and educational point of view, very different to what it was in the last century. Then the disparity between the social and intellectual standing of the two classes of practitioners was much greater than it is now. Then the general and professional ignorance of the apothecary, as he was called, put such a premium upon the advice of a physician as cannot be claimed for him now that his general scholarship and his collegiate qualifications, rather than his professional skill, have placed him in the front ranks of the profession. In proportion as the public have recognised the great improvement that has taken place in the social and scientific status of the great body of the profession, so has their deference to the authority of the physician decreased, and in proportion as their deference decreased, so have they become less disposed to put so much confidence in his advice, or reward him so liberally as in times gone by. Of course we do not mean to say that there are no other circumstances at the bottom of the complaints that have been recently made in the columns of the *Times*: but the reasons we have assigned appear to us legitimate ones, and none the less true because they have escaped the notice of both our lay and medical contemporaries.

But whatever change has taken place in the relation between the physician and the general practitioner, the former will, in virtue of his superior acquirements and the demands of society, be always an indispensable member of the medical profession, and will always be entitled to as good an honorarium as the means of the patient will allow. It should, indeed, rather exceed than fall short off what his predecessors were in the habit of receiving. As for quibbling about the amount of a physician's fee for the first consultation, it is too humiliating to take any notice of. Such a fee might be justly a high one, or, at all events double those that are paid for subsequent consultations, inasmuch as not only does a first consultation take up a good deal of the consultant's time, but the value of his advice will greatly depend upon the diagnosis he has formed during the first consultation, and the care with which he has conducted his examination of the case.

STUDENTS' PROSPECTS.

The *Medical Press* in its Students' Number says :—

It is not improbable that the Number which we present this day for the guidance of Students in Medicine will be the last of its epoch, and that when next year we are called upon to instruct those who propose entering our profession, we shall have to produce for their information the records of a state of medico-educational affairs entirely new and distinct from that which we publish to-day. The varying systems of medical education which it has been our duty to print in more or less detail are on their death-bed, and the coming system will be one of uniformity and simplicity. The Medical Acts Amendment Bill, which very nearly became the law of the land last July, will, in all probability, be passed during the next session of Parliament, and will relieve us of the task of epitomising the differing arrangements of nineteen separate licensing bodies, with their different curricula, fees, and diplomas. The new condition of things will be one conjoint examination for each division of the kingdom, with a single curriculum, and—we hope—a uniform fee. When the Bill becomes law, the student will enter the profession by one of three portals, which will be more or less uniform in their standard of education, and will be obliged to satisfy as to his competency a Board of Examiners, to which all the Universities and licensing corporations will contribute members, and will have the credit of holding the qualifications for practice now issued by each of these bodies separately.

We have again to notice the development of advanced methods of professional teaching to which we referred last and the previous years. The sciences cognate to medicine are receiving a degree of attention which they have long deserved, but never previously received. Nor can we fail to notice a like improvement in the medical and surgical education of the student, or fail to mark the difference between the qualifications with which the medical practitioner was formerly satisfied, and those which he is now anxious to take. The medical man who twenty years ago thought himself fully qualified with one diploma, now takes two, with perhaps a good degree into the bargain; and he who formerly only knew how to use the stethoscope and was satisfied with a very superficial knowledge of medicine and surgery, is now considered behind time if he is not *au fait* in the study of temperature, pulse tracings, antiseptic surgery, aspiration, germ physiology, bloodless surgery, State medicine, and many other new lights of our profession.

The *Lancet* says :—

"If lecturers would devote especial attention to the sifting of information, and the indication of proper lines of inquiry, they would render more useful aid than by striving vainly to compass the whole field of knowledge. The result of the common mistake of delivering complete courses of lectures, and traversing the whole area of a department of science, is that the student can only pick up fragmentary scraps of information at random, and has no practical notion how to piece them together. . . . . . . In this way it comes to pass that a mind wearied with the toil of remembering the minutiæ of botany, materia medica, chemistry, and physiology, is confounded by a simple question in either of these branches, and fails utterly when the test of practical every-day knowledge is roughly applied."

CORRESPONDENCE.

TO THE EDITOR OF THE DOCTOR.

DEAR SIR,—Having read your notice in THE DOCTOR of 1st August, relating to eucalyptised crystals, I beg to say that the manufacturer of the same is Mr. C. Harrison, of 188 Embden St., Moss Side, and not Messrs. Woolley, Sons, and Co.. as stated.

I bear testimony to the great efficacy of this disinfectant, and think it far surpasses any other yet brought out.

J. MCEWEN, M.D.

Rook House, Moss Side, Manchester,
August 31st, 1878.

[We received the specimens we used from Woolley, Sons, & Co., Manufacturing Chemists, who are wholesale agents for the crystals.—ED. DOCTOR.]

JOTTINGS FROM JOURNALS.

RELIEF TO DISTRESSING SYMPTOMS OF CANCER OF PYLORUS BY CODEIA.—Austin Flint says that codeia in one-grain doses so completely stopped the vomiting and pain of the disease that the patient thought the tumour was decreasing in size.—*New Remedies.*

CAMPHOR IN THE SLEEPLESSNESS OF LUNATICS.—Wittich (*Berlin Klin. Wochenschrift,* No. 11, 1878) states that for the sleeplessness of a certain class of female lunatics affected by melancholia, extreme anxiety, hallucinations, and a low state of nutrition, camphor is an excellent remedy, and acts favourably when chloral, morphia, bromide of potassium, &c., all fail to induce sleep. Wittich injects 0·1 to 0·2 grammes of camphor subcutaneously after dissolving it in sweet almond oil.

ANATOMICAL RESEARCHES ON THE CAUSES OF STERILITY.—F. Winckel has investigated the generative organs of one hundred and fifty sterile women dying at a sexually mature age, and finds that apart from such causes as vaginismus, which could only be ascertained during life, the causes of sterility might be classified as follows : 1. Mechanical obstructions ; 2. Chemically destructive influences ; 3. Disturbances in the nutrition of the ovaries. In almost all instances two or all of these conditions were present together, as in atresia of the fallopian tubes there were firm adhesions of the ovaries ; in myomata there was abnormal position, or disease of the mucous membrane, ovarian tumours, &c. He only admits stenosis of the os uteri to be a cause of sterility when follicular catarrh is present with accumulation of mucus in the cervix. It is only in these cases that Winckel forces a passage and applies a caustic to the membrane.

HYPODERMIC INJECTION OF ETHER.—In a recent case, and patient moribund, three several times the circulation and respiration were fully restored by the timely use of *ether,* hypodermically, in quantities of from one-half to one and a-half drachms.—Dr. Orendorf in *Louisville Med. News.*

NOTES, NEWS, AND GOSSIP.

EDISON'S NEW EAR TRUMPETS.—The *Scientific American* says that Professor Edison, in his researches on sound, has made many curious experiments, one of the most interesting of which is that of conversing through a distance of 1½ to 2 miles, with no other apparatus than a few paper funnels. These funnels constitute the megaphone, an instrument wonderful both for its simplicity and effectiveness. Such an instrument stands on the balcony of Pofessor Edison's laboratory. A mile and a half distant there is another instrument exactly like the first one. The two large funnels are 6 feet 8 inches long, and 27½ inches in diameter at the larger end. These funnels are each provided with a flexible ear tube, the end of which is placed in the ear. The speaking trumpet in the middle does not differ materially from the ordinary ones. It is a little longer and has a larger bell-mouth. With this instrument conversation can be readily carried on through a distance of 1½ to 2 miles. A low whisper, uttered without using the speaking trumpet, is distinctly audible at a thousand feet, and walking through grass and weeds may be heard at a much greater distance.

WARTS.—Dr. Craig, of Montreal, recommends a twenty-grain solution of chloral as a painless but effectual application to warts.

PRURITUS is another trouble which is said to be frequently relieved by the application of chloral solution.

MARVELS OF MICROSCOPY.—In a late murder case in America, Dr. Joseph Jones has been able to testify not only that certain stains on wood and on clothing were both blood, and human blood, but that they were probably from the same person—because they were from one who had intermittent fever! British, nay, European experts, kindly acknowledge your defeat, and bow to America and Dr. Jones.

BRIDAL TOURS.—Attention has lately been directed to the many evils that arise from the custom of bridal tours, which are usually undertaken because it is the fashion. As in many other cases, fashion claims numerous victims. At the time when the young bride needs rest, she is dragged from home and its comforts, and made to undergo the fatigue of travelling. A New York medical contemporary has put forth a strong protest against the pernicious practice, declaring that many cases of "shattered nerves" know no other origin. We question if the fear of such a state will deter the votaries of fashion, or make the headstrong postpone their trip in deference to medical advice.

DEATHS.

BADELEY.—On Sept. 18, at Midhurst, Sussex, Althea, relict of the late J. C. Badeley, M.D., F.R.C.P., of Chelmsford, Essex.

BARHAM.—On Sept. 8, at Stone Street, Maidstone, Frederic Barham, M.R.C.S.E., aged 68.

BURN.—On Sept. 1, John Burn, M.R.C.S.E., L.S.A.L., of Hanley, Staffordshire, aged 48.

HILTON.—On Sept. 14, at Clapham, John Hilton, F.R.C.S.E., F.R.S., aged 73.

MARSH.—On Sept. 12, at Truro, Alice, the wife of N. J. Marsh, Esq., House Surgeon at the Royal Cornwall Infirmary, aged 31.

MASON.—On Sept. 14, at 92 Harcourt Street, Dublin, Elizabeth, the wife of Dr. Mason, aged 50.

MEREDITH.—On August 19, at Viper Island, India, of typhoid fever, E. B. Meredith, L.R.C.S., L.K.Q.C.P., Surgeon, Bengal Medical Department, aged 24.

OWENS.—On Sept. 9, at Selhurst Road, South Norwood, Henry Owens, M.D., aged 40.

PARSONAGE.—On Sept. 4, at Sutton, Cheshire, Edwin Parsonage, M.D., aged 45.

PINCHING.—On August 16, drowned off Colombo, Ceylon, W. W. Pinching, M.R.C.S., L.R.C.P., son of C. J. Pinching, of Gravesend.

RUSSELL.—On Sept. 1, at Holmhill, Thornhill, Dumfriesshire, Dr. James Russell, aged 84.

THE DOCTOR.

LONDON, NOVEMBER 1, 1878.

Multum in parvo.

SPECIALISM AND SPECIALISTS.

LOOKING at the utterences of two of the introductory lecturers this season (reported in another column) it seems as if the opinion of the profession must have undergone considerable change. Not long since several journalists and others took upon themselves to write down specialism, and though they were promptly met by one or two outspoken and independent writers, yet they made so much noise that they appeared to wage successful war and carry everything before them. This delusive appearance was fostered by the attempt to gag the specialists by closing against them the columns of the attacking journals. To crown all, one or two men of high position, though specialists themselves, availed themselves of its ludicrous aspect to pour ridicule on the folly of the public. The good story told by Dr. Barnes is a case in point. Yet in spite of all this the specialists pursued the even tenor of their way to the annoyance of their enemies, who now and again dolefully bewailed the fact that in spite of everything "specialism was as rampant as ever."

The truth is, notwithstanding all the expenditure of journalistic fury, specialism was supported by the profession as well as by the public. It was founded on common-sense, and therefore could not be extinguished by high-flown theories. The whole world has advanced in this direction, and why should medicine be forbidden to follow where science led the way. There are no "all-round men" of science now-a-days. The botanists, chemists, biologists, and others have no time to assist each other, and natural history as once understood scarcely any one attempts to grasp. So with the healing art. While many pursue its practice in all its branches they are scarcely able to advance any one. Medicine, surgery, and obstetrics have long been recognised as each wide enough for the highest intellect, and progress has compelled the separation of other branches. Ophthalmology has always been recognised as a necessary specialty—the reason being, it is said, that most of the counterblasts against specialism have been penned by those who either had or hoped for practice in that branch. But there are other specialties of equal importance, and there is no more reason for the exception of one than another. Either division of labour is good or it is not. If specialism in itself is bad we should tolerate no exception. But as we have said, the profession has pronounced in favour of specialism—not indeed loudly in the public prints, but by the unmistakable plan of continuing its confidence in the practice. The active general practitioner has never been so absurd as to pretend he was a better physician than Jenner as well as a better surgeon than Paget, and at the same time that he possessed the skill of Bowman as oculist, Hinton as aurist, and Little as orthopædist, besides being incomparable at half a dozen other departments. Such a pretence would be ridiculous in practice, and has never been put forward, save by a few visionary theorists, on whom the word specialist acts like a red rag on a mad bull; and these very visionaries themselves, when they are attacked by disease in the eye—what do they but rush to the oculist? and in ear ailments they hie to the aurist, and so forth. Just so the hard-working practitioner, whoever he may be, avails himself of the aid of his special brethren whenever he suffers from special diseases, and being honest, he gives his patients the benefit of consultation with specialists whenever he would do the same for his own family. Thus it has happened that common sense and honesty have settled the question against the pretenders to universal knowledge and skill, and as we have seen, leaders of the profession are beginning to speak out in this sense.

Both the lecturers to whom we have referred admitted certain restrictions—such as we have always made, since they are as natural as they are proper. It was held, and we hold, that every specialist should be something more. He must be a doctor in all senses before he is fit to take up a single department of practice. No one is less fit to be trusted with the care of cases than the "mere specialist." If such a person exist—as we are often told—it is certainly not amongst the leaders of the profession. Most of our leading specialists have done good work in other departments than their own; and as this assertion will probably startle our opponents, we proceed to prove it, by way of saving them from the rash repetition of their assertions that it cannot be so. Our proof will be the citation of examples in several specialties.

We begin with dermatology, because the leading authority—the man whose name is just now in everyone's mouth for his patriotic act in bringing over our Egyptian monument—Erasmus Wilson—may be cited as one of the most thoroughgoing specialists. Indeed, his name is to a whole generation suggestive of dermatology. Yet he did not begin practice in ignorance of fundamental sciences. He was a teacher of anatomy at St. Bartholomew's Hospital, and to him students were indebted for the "Anatomist's Vade-mecum," which was the first of the most popular series of text-books ever published.

Of oculists, Bowman, before he took up this department, was surgeon to King's College Hospital and Professor of Physiology, while Critchett, who by the younger members of the profession is sometimes thought to be a pure oculist, taught general surgery at the London Hospital, to which he was for many years surgeon. Mr. Haynes Walton is still senior surgeon at St. Mary's, and Mr. Brudenell Carter has been a general practitioner.

A still more striking instance is afforded by another specialty. Dr. Little, who has been well called "the father of English orthopædy," and who, since the death of Stromeyer, is unquestionably the first orthopædic authority in the world, was for many years physician to the London Hospital, and as such practised as a general physician as well as an orthopædist.

Of aurists, we will only mention our lamented colleague, James Hinton, whose life has just been published, and who was a general practitioner for many years before he became a specialist.

Of laryngoscopists, Dr. Morel Mackenzie, although he began in private practice as a specialist, was for several years assistant-physician at the London Hospital. Dr. Prosser James for many years practised as a general physician, and for aught we know may do so now, for he still holds appointments as such, and still is a Professor of Materia Medica and Therapeutics.

Speaking of Materia Medica, reminds us that Dr. Garrod, author of the well-known Manual on this, is not only a specialist for gout, but has been physician to both King's and University College Hospitals.

In rectal diseases the two leaders are both of them ex-presidents of the Royal College of Surgeons, and of course both of them were long surgeons to large hospitals. Mr. Quain is also known for his "Atlas" and other anatomical works, and Mr. Curling for a second specialty—the testicle.

In urinary diseases, Thompson was long surgeon to University, and from their medical aspect, we may cite Dr. George Johnson, who is still physician at King's, and Dr. Dickenson at St. George's.

In nervous diseases, Dr. Russell Reynolds has only just resigned his Professorship of Medicine; and Dr. Hughlings-Jackson is still on the staff of the London Hospital.

Among syphilographers, Mr. Henry Lee filled for the full period the post of surgeon to St, George's Hospital. Mr. Lane did the same at St. Mary's; and Mr. Hutchinson is still in harness as a diligent worker in two or three specialties, as well as a hospital surgeon.

In ovariotomy, Mr. Spencer Wells has achieved the highest position, though he had previously been an army surgeon.

And so we might go on heaping up our proofs, but we have said more than enough to justify our position, that the most eminent specialists have not confined their attention to a single branch, have in almost all instances commenced in a larger sphere, and have only gradually restricted the range of their practice. We may go further, and say that the more gradual the restriction has been in any case, the better for the specialist himself, as well as for his patients. It is especially so for the patients, inasmuch as a man may possibly make advances in a small range of knowledge, or acquire skill in special manipulations, by, at a comparatively early period, confining his attention; but to be able to give the soundest advice, to treat cases most completely, it is of the highest importance he should, as long as possible, keep up his interest in every branch of our art. We admit that the "mere specialist" must be narrow, and he who begins life as such will certainly cramp his intellect, and even if he becomes a brilliant operator, will probably fail as a safe adviser either to a patient or a professional brother, while he can scarcely hope to attain to the full development of his manhood.

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THE MEETING OF THE MEDICAL COUNCIL.

The General Medical Council has held its meeting to make regulations for the registration of dentists under the new Act, and has once more refused to enter upon the question of its own constitution. Challenged to do so by Sir D. Corrigan, who brought forward a motion to redeem the pledge given to take up the subject at its next meeting, the councillors in their public capacity offered as a plea for breaking their promise that this meeting was special, and they had not expected it so early. If they had had the least appetite for the work they would have hailed the opportunity afforded them of coming to a decision before the next meeting of Parliament. But no! with a dread of what may happen if they venture to speak of any change, they decided on inaction, and having thus set an example of procrastination which a Turkish vizier might envy, they have returned to their homes refreshed by their fees, and having done next to nothing for the expense they have caused. But while smiling over their little jaunt to the capital, let them listen, and they will hear ominous murmurs from the profession which they have betrayed. Already mutterings are heard which ought not to subside, but rather increase, until the Government learns that this dilatory Council must have new life put into it, and the Legislature decides that a body which has always been "going to do it" shall give place to one that will cause no delay, but will exchange chatter for work.

The ridiculous jealousy which pervades the Council was well illustrated by a complaint made against the Irish College of Surgeons for its action in granting dental diplomas. Some of those who had been slower grumbled that the candidates had not been made to go through a regular curriculum. Can anything be more childish? To bring all respectable dentists within the pale of the colleges would be a meritorious work, and no college has been more honourable than the Irish. When men are crying out against universities insisting on residence, it is really farcical to pretend that skilful dentists in full practice should not be freely admitted to an examination for a diploma. They are entitled to practice by Act of Parliament. To enrol them as dental licentiates is to promote their interests as well as that of the Colleges of Surgeons, of the whole profession, and of the public.

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DOCTORS AND DISPENSERS.

Among the numerous differences which have been put forward as arising between medical men and pharmaceutical chemists, we ought, perhaps, to pay a little more attention to the difficulties so often experienced by dispensers in meeting the intention of prescribers. Much has been said as to the good likely to result from a complete separation between prescribing and dispensing. Those engaged in pharmacy seem to regard their art as exclusive, and refuse to consider it a minor branch of medicine. It is certain, however, that where the dispenser and prescriber are one, there is no room for many of the difficulties which have lately obtained publicity. Not that we would advocate this or deprecate the separation. In large towns we think it advisable, but in villages we believe it to be impracticable, at any rate at present. Nevertheless, we claim for the doctor the full right to dispense. Members of the Pharmaceutical Society are apt to imagine that they embody all knowledge of pharmacy, and they set up such a claim as was lately advanced by dentists, but which was effectually put down. It is not held that the general practitioner is a perfect dentist or a perfect pharmacist, but he is enough of either for his own purpose, while he is also more than both. To forbid him, therefore, to extract teeth or to dispense his medicines is absurd, and we do not believe the Legislature is at all likely to deprive him of a right which is as well founded as that of the druggist, and the exercise of which has proved a great convenience to the public. The fact is, doctors have so thoroughly supported chemists in their efforts to improve their status, that they already claim too much, and forgetting to whom they are indebted, would absolutely depose their benefactors. We hope to hear less of this unreasonable jealousy and more of scientific progress. Our pharmaceutical friends are very fond of quoting the example of the Continent, but they forget that the foreign *pharmacien* is far ahead of his English brother, both in training and work. He is more of a scientist and less of a tradesman. He does not give his whole heart to vending quack pills, and is competent to undertake analytical investigations. No one will assert that the English pharmaceutical chemist is, as a rule, thus qualified. Any one who reads the *Pharmaceutical Journal*, the organ of the cream of English chemists, will observe how embued it is with the shopkeeping spirit. It is the organ of the trade, and as such its advertising pages are crowded with trade announcements, and full of the profits to be obtained by vending proprietary articles, while books and scientific announcements are but few. So it is in other departments—the trade is the ruling spirit, science the mere servant. We are not finding fault. We know that the Pharmaceutical Society has done good work, which we fully appreciate; but we are pointing out facts which account for the position of things, and showing how foolish are many of the statements about doctors and dispensers which have been bandied about.

There is, however, a common ground on which doctors and chemists must meet—the prescription. The intention of the prescriber may often be aided by the knowledge of the dispenser, and the latter often discovers the physician's neglect or forgetfulness of significant pharmaceutical facts. Further, the prescriber sometimes writes incompatible, even dangerous compounds, and the dispenser need to be on the alert; while some of the compounds mingled by certain doctors are as unscientific as they are nauseous. A correspondence has for some time been going on in the *Pharmaceutical Journal* which should open the eyes of some prescribers. Copies of prescriptions have been forwarded and advice asked how they were to be dispensed, and in regard to some it would really have served the writers right to have published their names. While we maintain the rights of doctors to dispense, we cannot exonerate prescribers from the duty of so ordering their medicines, that they can be put up without danger to dispenser or patient, and can be taken with safety by those for whom they are ordered. In case of difficulty or obvious error, there is always the possibility of the dispenser communicating with the prescriber; but really some of the prescriptions lately published are so defective, that they would disgrace a first year's student, and would scarcely have been committed by one who had served an apprenticeship to an apothecary, after the fashion which has been perhaps too hastily forsaken.

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CHRONICLE.

RETINAL RED.

A WRITER in the *American Journ. Med. Sciences* for July, 1878, suggests that the retinal red is only the excess of photo-chemical substance, which, in the intervals of active vision, is stored up in the rods for future use. When the sight is being constantly exercised no colour can be detected. Probably the only parts of the rods and cones, capable of appreciating light, are the extreme tips in contact with the pigment cells where the retinal red is generated. The large flat ends of the rods would only be susceptible to large impressions as compared with the slender cone points. These last give us precision of detail just as we can more accurately measure a distance with compasses than with fingers. In the eccentric parts of the retina, where the rods out-number the cones, we get only general impressions of objects. But to obtain accurate definition of parts, we must focus the rays on the crowded cone tips of the fovea centralis. The calculations of Volkmann showed that the smallest retinal image which could be perceived, irrespective of circles of dispersion, was ·0002″ in diameter; while according to Schultz the cone tips of the fovea are 4u (·000148″) apart. Behind this region of distinct vision the pigment cells are more abundant than in any other part of the retina, and this insures a constant and ample supply of the visual photo-chemical substance just where it is most wanted at the most used part of the retina. Probably the broad absorbent surfaces of the rods enable them to absorb the red better than the sharp points of the cones.

Further there is retinal red at the macula lutea, as Schmidt Rimpler demonstrated, in *perfectly fresh* human eyes. Capranica, in the case of birds and reptiles, found coloured globules in the rods and cones. The reaction of these globules are the same as those relied upon to distinguish *lutrine*, which is found in yolk of eggs, in the yellow bodies of the ovaries, serum of the blood, &c. It seems to be the source of the erythropsin of Boll, and suggests the thought that, even before the eye is created, the substance upon which vision depends is already in existence.

THYMATES AND OTHER SALTS OF THYMOL.

WE have already drawn attention to the therapeutical uses of thymol, by some called thymic acid. Some important experiments have been made by Sig. Cozzolino, who has published a good paper in the *Giorn. Internaz. delle Scienze Med.*, in which he speaks of sulpho-thymate of quinine as worthy to rank beside the sulpho-carbolate or the salicylate of this alkaloid. It is white, very slightly soluble in water, though freely in acidulated water, in ether, and in alcohol.

In the same paper Sig. Cozzolino calls attention to thymate of soda, which is so pleasant in flavour that children take it most readily. It is a mild febrifuge, but of most value as a carminative and antiseptic. Dose: 50 centigrammes for infants; 3 or 4 grammes for adults. As a mouth-wash it is useful in aphtha and muguet, especially in the cachectic form, associated with phthisis, typhus, syphilis, &c. As an antiseptic injection, it may be employed in vaginal, uterine, and vesical diseases.

BRONCHOCELE.

At the French Association for the Advancement of Science, M. Nivet submitted that certain influences caused goitre to become chronic and hereditary. M. Bergeron distinguished between endemic and epidemic goitre, but he fully believed M. Nivet had proved the effect of climatic influences. It will be remembered that Baillarger quite denies the common etiology, but his work has not been adopted by many as sufficiently in accordance with facts.

ESMARCH ON CANCER.

In treating of cancer, we lately drew attention to Esmarch's suggestions. In deference to inquiries we may now mention his ordinary prescriptions:—Fowler's solution, one drop, three times a-day for three days; then for the same time, two drops each dose; then three drops for a dose, and so on as long as it is tolerated. At the same time the following powder is applied:—Arsenious acid and muriate of morphia, of each 25 centigrammes; calomel, 2 grammes; powdered gum arabic, 12 grammes. A little is sprinkled on, and the quantity gradually increased up to a teaspoonful. The odour is overcome, a hard dry eschar formed, and the sore granulates without being offensive under the use of the powder.

WHERE TO SEND CONSUMPTIVES.

We all know what a fuss has been made about high altitudes, and how some have been sent to warmer regions. At the Paris Congress of the Association Française pour l'Avancement des Sciences, M. Delaunay came forward with a paper in which he maintained that consumption is a disease of the South, and that therefore we ought to establish sanatoria in northern countries. Statistics were cited of certain islands, but there were not wanting those present who could account for their depopulation by alcoholism, and M. Delaunay's opinion was scarcely seconded. He, however, maintained a gallant single-handed fight—said that consumption is a sort of anæmia which is cured by cold, and if all the ladies in Paris are anæmic, that is because we have had two such mild winters! Nevertheless, we expect thousands of our people have already started for warmer winter quarters, and others will follow, and they have statistics, reason, and comfort on their side, and M. Delaunay and a few theorists against them.

A METHOD OF DESTROYING THE CONTAGION OF YELLOW FEVER.

The *Lancet* prints, as worthy of consideration, the following plan, and says, if likely to be successful, it is by no means difficult to carry out. It is suggested in a letter from B. W. James, of Philadelphia.

My plan, briefly stated, is this: It is a well-known fact that frost will cut short an epidemic of yellow fever. Now apply to the cases that come in from an infected vessel (usually but few at one time) a low degree of temperature (say 27° Fahr.) in a room or ward fitted for the maintenance of cold air, and ventilated only by ventilators. This room can be made cold, and kept so by some of the large ice-making machines, or such as are used for refrigerating large rooms for preserving meats, or for keeping fruit natural out of its season. Have a small ante-room with spring doors, and springs attached to the ingress and egress doors of the ward, so that the opening and closing will not allow much warm air to enter the room. Have everything that comes out of that room, such as clothing, excretions, &c., submitted for hours to a temperature several degrees below the freezing point. The respired air of the patient is thus rendered innocuous to those who may be in attendance, and the air of the room is freed from the poisonous principle before the patient breathes any of it again. The patient can be well wrapped up sufficient for comfort; but if he cannot endure the cold room, another room situated next to the cold room, with no mode of access except through the cold room, might be substituted, and everything from the warmer room be compelled to remain for some time in the cold one till these have been thoroughly chilled through. In the matter of destroying the germs of the disease in a cargo or vessel, the apparatus that is capable of cooling large rooms for producing ice, and for other such purposes, ought to be competent to keep up a low degree of temperature for a day or two in a vessel, where the hatches can be closed so easily. The only question here, aside from the expense, is the portability of the apparatus on to a vessel. However, the cold-producing apparatus could be erected on the wharf; hospital rooms for fever patients on the one side, and the vessel be brought up to the wharf on the other side of the apparatus, and the machine worked for both purposes. I would also recommend the freezing of all baggage, freight, and mail matter going from any infected city, as a mode of prevention of the spread of the disease in that manner.

LARYNGOTOMY FOR CYNANCHE TRACHEALIS.

Dr. John H. Morton, in the *Detroit Lancet* for Sept., reports what he describes as "the only case I can find among a very large number of records, where a human life has been saved directly from a death resulting immediately from true membranous croup. All the other cases of both laryngotomy and tracheotomy of which I find mention, have been performed for the relief of some other character of affection, or for the removal of foreign bodies, and not for the relief of cynanche trachealis." Where has he been looking?

ON THE TREATMENT OF VOMICÆ BY PUNCTURE AND ANTISEPTICS.

This operation has been successfully performed, once in London by Mr. Erichsen, and once in Leeds by Mr. Jessop; but the experiment, as many seem to suppose, is not new.

In 1726, C. Barry, M.D. Dublin, published a treatise on "Consumption of the Lungs," in which he recommends a somewhat similar operation.

In 1763, he published a treatise "On Three Different Digestions," in which he mentions several cases where perforation of the cavity through the walls of the chest had been attended with complete success. The operation fell into disuse, though it was performed as late as 1844 by Mr. Storks, at the suggestion of Dr. John Hastings, who has published "A Case of Tuberculosis Excavation of the Left Lung, treated by Perforation of the Cavity through the Walls of the Chest."

The theories on which Dr. Hastings based the propriety of the operation, and the *modus operandi*, are different from those adopted in the present day. But they are still sufficiently interesting to bring before the notice of the profession; firstly, as they encourage operative procedure, &c.; secondly, as it is well not to forget the work of our predecessors.

Dr. Barry had in view, as a primary object, the discharge of the fluid within the cavity. But Dr. Hastings, who acknowledges his obligation for the idea of the operation to the invaluable facts and observations of Dr. Barry, aimed at the removal of the cause of the secretion. Dr. Hastings observes that for a considerable period he had come to the conclusion that the great difficulty of curing phthisis arose not so much from any obstacle that the nature of the disease offers to the healing process, as to the distention and contraction which the side of the cavity continually undergo from respiration. He attributed the origin of these cavities to the ripening of the tubercles, but believed their augmentation resulted from the distending and irritating effects of the air within the cavity. Hence he thought that by passing a tube into the cavity to admit the escape of air as fast as it entered, a state of repose would be secured, and the walls of the cavity be in a much more favourable position for reuniting. On consulting a friend, the operation was performed; and Dr. Holken, who was one of the consultants, thus expresses his opinion of the propriety of such operations: "The operation recently proposed by making a free external communication through the walls of the chest, with a phthisical cavity of large size, is likely to render the case more curable, provided the extent of the disease present and the predisposition of the patient allow the smallest shadow of hope to remain."

"HE WOULD BE A DOCTOR."

The Dean of the Medical Faculty of Tübingen, Germany, has received a letter informing him that there were several candidates for the degree of Doctor of Medicine, who were anxious to obtain the diploma of his University, but who did not feel inclined to risk an examination unless they obtained a guarantee of receiving a doctor's diploma. The agent thus continues:

"I can assure you that all my candidates are properly qualified according to the English law. Several of them have been already in practice for years, and for that reason experience some scruple at submitting to an examination. Each candidate, however, will send you a legalised copy of the diploma in his possession, together with the amount of the usual honorarium (*and something extra to be added*). Further, each of my candidates will submit some thesis, or if it should be deemed advisable, would undergo some modified examination of a practical character, *but in the English language*. Clients come to me to be prepared for the examination, and as a rule I can guarantee that such candidates will be possessed of the qualifications required. But for that reason I can send up no candidate unless I am previously assured that the diploma shall be granted to him. Will you have the goodness to take my communication into consideration, and to name the precise sum for which you stipulate."

Eight years ago we exposed this diploma traffic by self-styled agents, and yet they are allowed to carry on their tricks.

SHIP SURGEONS.

The *Australian Medical Journal*, referring to this subject, says—"There was a time when the surgeon of nearly every ship arriving from the old country in Victoria did not go back when that ship returned. In those times very few people went from here to England, so that the absence of a surgeon on board did not very much matter, save to the sailors, and for them the captain generally felt equal to prescribe. Now-a-days it is different. Most ship surgeons go back with the ship; but sometimes it happens that no medical man is going home, and those who are available for the appointment of surgeon, but who have not otherwise any inclination to go to England, very naturally desire to be paid for their services. In such case, then, the ship owner or agent seeks to comply with the provisions of the Act by obtaining some unqualified man, who will go for nothing, and in this search he is generally successful. We have heard of chemists' assistants being so appointed, and University second year students. It is difficult to say how the Immigration Agent is satisfied, and the passengers take their passage in the full belief that the ship carries a qualified surgeon.' The moral effect of this system, however, is worse than the actual loss to the profession, for if such appointments are sanctioned and become the rule, it is easy to see how the general value of medical services is lowered."

PHTHISIS IN AUSTRALIA.

A report has been issued by a committee of the Medical Society of Victoria, which winds up with the following conclusions, based upon carefully collated data.

1st. The mortality from phthisis in Victoria is little more than half of that in England.

2nd. The rate of mortality from phthisis in Victoria has been perceptibly less of late years.

3rd. That rate is especially low among persons under 15 or 20 years of age, and has been very greatly reduced between 1861 and 1871.

4th. The reduction of the mortality among young persons is to be explained by a comparative immunity among those born in the colony.

5th. The apparent increase of mortality among young adults is due to the influx of phthisical persons from abroad.

6th. The uniformity in the rate of mortality over the whole colony for a good many years, is owing to certain insanitary conditions operating especially in Melbourne, since for the rest of the colony the rate was reduced by about one-third between 1861 and 1871.

COMPOSITION OF THE PANCREATIC JUICE.

Th. Defresne (*Répertoire de Pharmacie*) has separated three different ferments from the pancreatic juice, each of which has different functions and properties:—

Amylopsine, which converts starch into sugar.
Steapsine, which splits up fats.
Myopsine, which dissolves albumen.

NEW MEMBERS OF THE PROFESSION.

According to custom, the Registrar of the General Medical Council has just issued his half-yearly Register of those who, having passed the necessary examinations, have been officially admitted to the ranks of the profession. From an analysis, we find that during the six months from January 1st to July 1st, 391 additions were thus made—of which number 171 were registered with English diplomas alone; 78 with Irish; 110 with Scotch; 1 with a Foreign degree; and 31 with double qualifications in the following proportions—20 with English and Scotch diplomas, 2 with English and Irish, 8 with Irish and Scotch, and 1 with a London and a New York degree. Of those admitted with the diplomas of one division of the Kingdom, the majority held double qualifications, which is an earnest of a higher standard, and an acknowledgment of the value of such qualifications.

HYPODERMIC INJECTIONS OF ERGOTINE.

Dr. S. Grose, of Melksham, contributed two letters to the *Lancet* last year, and has now added a third on this subject. He employs always for hypodermic use Bonjean's ergotine, and considers four grains dissolved in water a good dose. This is repeated in about a quarter of an hour, if necessary; and he may give a third dose after the same lapse of time. If the ergotine solution be good, "characteristic ergot-pains *must* follow its hypodermic administration, and *may* if given by the mouth. Of course, this does not affirm that the fœtus will be expelled; it only declares that ergot-pains will be produced." The question, "What part of the body should be operated upon?" is answered, "Anywhere." The site of insertion makes no difference as to effect, although the hard black lump produced in some patients may be somewhat painful. This lump he has never seen suppurate, nor has he seen ergotism induced by this mode of using the drug. The buttock or arm practically answers as well as any other part of the body for the reception of the solution. One solution he found inert. Therefore, should failure follow he suggests that a different sample should be obtained.

"GELSEMINUM" v. "GELSEMIUM."

Several times the question has been raised, which of the above names is correct? Lately, Mr. H. Trimen, of the British Museum, has contributed to the discussion a letter to the *Lancet*, in which he says:—"There cannot be any doubt among botanists that the correct name of the genus is *Gelsemium*. It was founded by Jussieu in 1789. At the same time it is quite true that the plant was originally placed under the older title of *Gelseminum* or *Jasminum*—*i.e.*, with the true jasmines. The plant was first described (as pointed out by one of your correspondents) by John Parkinson, in 1640, who had grown it from seed brought by Tradescant from Virginia. He called it 'Gelseminum sive jasminum luteum odoratum virginianum scandens et sempervirens' out of deference to the donor, and says, 'But that Master Tradescant is confident to call it a jasmine, and therefore I am content to put it with the rest to give him content, I would be further informed of it myself before I would certainly give my consent.' The plant is still called 'wild yellow jessamine' in America, but has no affinity with those plants. The reason why the older word is not employed is because botanists are generally agreed not to go further back for the names they use than the period of the invention by Linnæus of the binominal system of nomenclature to supersede the long descriptive names which previously existed. It is not probable (as has been suggested) that Jussieu accidentally omitted a letter in the word, but that he intentionally altered a name which implied a wrong affinity, at the same time making it more euphonious. However this might be, could the point ever be decided, it is quite certain that, according to the rules of priority as understood by botanists, the name *gelsemium*, as printed by Jussieu, has the right to be adopted. It would be convenient if pharmacists would adapt their nomenclature to the scientific one."

TURPENTINE VAPOUR BATHS IN RHEUMATISM.

Bremond *fils*, in a pamphlet on this subject (*Centralblatt f. d. Med. Wiss.*, No. 8, 1878, and *Practitioner*, Sept., 1878), recommends, in cases of chronic rheumatic or gouty disease, the employment of these baths, which may be administered by placing the body of the patient in a wooden chest, the head remaining free. Into this chest the vapour of water is conducted, loaded with a fine spray of oil of turpentine. The temperature of this vapour bath is 40°-45° C., and the time during which a patient may be exposed to it is about fifteen minutes. Dr. Macario, several years ago, employed such baths, but those who cite M. Bremond seem to have forgotten this.

LAMBETH DEGREES.

The Medical Act, with all its shortcomings, delivered us from Lambeth degrees, for these distinctions were not enumerated among qualifications admitting to the register. What might have been the result of any other decision as to the archepiscopal authority it is impossible to say, for the present occupier of the see of Canterbury seems to think his degrees of some value.

Archbishop Tait, while he intends to dispense doctorates as before at his will and pleasure, has determined that his degree of M.A. is from December next to be a matter of examination. The standard is to be that of "honour examinations in the Universities." There is to be due choice of subjects, among which, however, Greek and Latin are not to be compulsory, though English literature is. To qualify for examination, formal testimonials required for University matriculation, with the addition of a certificate from the Bishop of the diocese whence the candidates come, are required. As the *Daily News* puts it, "the Archbishop has evidently determined to make himself into a university with all the paraphernalia which the modern conception of such a body requires." *Nature* observes that both the London Examining Board (commonly called the London University) and Owens College are to be congratulated on the publicity now given to this singular system of granting degrees. This last grotesque thing calling itself a university will either make the power of granting degrees, and degrees themselves ridiculous, or direct attention to the whole subject.

VOMITING OF PREGNANCY.

Dr. Lubelsct, of Warsaw, on the first appearance of the vomiting, or even of the nausea which usually precedes it, employs Richardson's spray apparatus to direct a douche of atomised ether on the epigastric region, and on the corresponding part of the vertebral column; this is continued 3-5 minutes, or even a longer time if the patient bears it well, and may be repeated every three hours. In obstinate cases chloroform and ether are used alternately. The success of this method of treatment is said to be constant and complete. M. L. adds that the same remedies are equally efficacious in chorea and in attacks of asthma and whooping-cough.

NECESSITY FOR PHOSPHATES IN DIET.

By experiments on young animals, M. Lehmann has shown that a diet containing an inadequate amount of phosphate materially affects the skeleton. In the case of a young pig, which was fed for 126 days on potatoes alone, rachitis was the result of this defective diet. Other young pigs from the same stock were fed the same time on potatoes, soaked flesh, meal, and phosphate in addition, and their skeleton was of a normal character. It was found, however, that there were considerable differences in these animals, according to the nature of the phosphates given: for two of the animals, fed with phosphate of potassium, had more porous and specifically lighter bones than other pigs fed with this salt in combination with phosphate and carbonate of calcium.

THE CAUSE OF LEUKEMIA.

In the *Deutsches Archiv. fur Klinische Medicin*, Aug. 20, 1878, Dr. Naumann has an article setting forth the grounds for believing that leukemia takes its origin in a disturbance of the functions of the liver, consisting in an overloading of the blood with albumen and its derivative forms, which do not undergo normal changes in the liver, especially the transformation into fat. From this theoretical discussion he advances the suggestion that, from the known effects of phosphorus on the hepatic functions, it is possible that this drug may prove curative in leukemic cases; and in view of the notoriously intractable character of the disease, it is worth a trial.

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TOPICS OF THE TIME.

ANOTHER CASE OF GASTROSTOMY.—AN ARTIFICIAL ŒSOPHAGUS.

In our number for December, 1876, we related at length M. Verneuil's case, and discussed the subject of gastrostomy and gastrotomy. In June, 1876, we again referred to these two operations, and in May, 1877, we returned to the subject and reported a case operated on at St. Bartholomew's Hospital. In each of these articles we have allowed our leaning to be perceived. Another case has now been recorded as fortunate as M. Verneuil's. In fact, in one respect it goes beyond, and may give him a hint as to the nourishment of his patient, who, we hear, is still alive. Apart from that case, only Mr. Sydney Jones's lived any length of time (41 days). The new case is by Professor F. Trendelenburg, of Rostock. As Dr. W. Thompson, of Peterborough, has furnished a detailed history to the *Lancet* (August 31) it will not be necessary for us to do more than call attention to its principal features, by way of supplementing our former remarks.

Trendelenburg's patient was a boy of eight years, in whom constriction of the œsophagus followed a draught of sulphuric acid taken by mistake (July, 1877). A month after the accident a bougie was passed, and the operation repeated weekly. After a time he ceased to attend. On December 18 the bougie could not be passed, and he was sent to the hospital. Here, too, it could not be passed. The difficulty of swallowing varied from day to day. Sometimes he could swallow thin soup, or even eggs; at others the stoppage was complete (he was nourished by enemata Leube's food), but he grew worse, and at length (28th March, 1878) Trendelenburg operated. The incision was about two inches long, and in an oblique direction, parallel with the under surface of the cartilaginous part of the eighth rib, and about a finger's breadth below it. The abdominal wall was divided in the same way as far as the peritoneum, the rectus being partly cut. All the vessels were secured and then the peritoneum cut. Then the edge of the liver came into view moving with respiration; also a piece of intestine, which might have been colon or stomach. It being impossible to tell by feeling it what it was, the diaphragm was pulled to the front, and then the peculiar appearance of the arteria and vena gastro-epiploica settled the doubt. This is one of the most important points in this operation, which, apart from the danger of opening the colon—a not unknown occurrence—is perhaps less difficult than might be supposed. In the case before us the stomach seems to have shrunk back and remained against the spinal column. Its front side was drawn forwards out of the opening and fixed temporarily by two acupuncture needles stuck through it transversely, and resting crosswise on the outer surface of the abdomen. To ensure the peritoneum being included in the sewing up, the cut edge was grasped with pincettes, drawn forward and secured by laying the pincettes over on one side. Fourteen stitches with silk were used; the outer skin, abdominal wall, and peritoneum being all pierced, and the stomach wall taken up as much as possible in its entire thickness; the sewing surrounding a piece of the stomach wall in a circle about five-eighths of an inch in diameter. Then the wall was cut through crosswise, and a drain-pipe inserted. The operation was done antiseptically, little reaction took place, no vomiting, and after the second day small quantities of egg and meat were passed into the stomach. The stitches were removed on the third and fourth days. Singularly enough, after the operation, the stricture seemed less close, and the boy could swallow milk, but this improvement was soon lost, and since 12th May he has been entirely nourished through the artificial opening. After a time a sort of artificial œsophagus was adapted, for to the drain-pipe a longer tube was fitted, through which the boy, having masticated his food, passes it from his mouth. It slips easily along this tube through the opening into the stomach, the boy gently blowing into it to hasten the progress. At the present time he plays about with his companions without great inconvenience, the drain-pipe being stopped with a cork. The fistula has a tendency to dilate under the constant pressure of the plug. When the pipe seems loose, it is however only necessary to take it out for a night, the boy sleeping on his back, when the tendency to contract is such that the tube is again tight, and lasts so several days. The artificial gullet, if we may so call it, is obviously a great advance. Though situated outside the body, and only required at meal times, it enables the patient to masticate his food, and then discharge it into the stomach without being disgusted by the sight of it. Also this gullet is better than a syringe in other respects, which will at once suggest themselves. Then, as corking the drain-pipe is found quite sufficient to prevent the escape of the gastric juice, or even of the odour of the stomach contents, the boy really leads a tolerable life.

This case illustrates several points on which we have previously commented, and suggests new ones for reflection. The origin of the stricture was known, and the case is very different from an obstruction about which there is any doubt. Of course, in malignant disease, the chances of life are altogether different; but even in cancer prolongation of existence might perhaps be gained in this way, and in some forms of even necessarily fatal disease the horrors of slow starvation averted.

An attempt was made to dilate the stricture from below, but was unsuccessful, although the entrance to the œsophagus was easily found. It may perhaps be regarded as worth consideration whether the operator has not here indicated a mode which may hereafter be of service, though naturally in the majority of cases calling for an opening, there can be little expectation of ultimate removal of the obstruction. With so small an opening the difficulty of finding the stomach is a cardinal point, and we have seen how it was overcome. No doubt the diaphragm and the gastro-epiploic vein, which is more distinctly seen than the artery, will furnish the best guide. Trendelenburg favours the small opening in order to use a drain-pipe of about five-sixteenths of an inch. With this it is only necessary to put the tube in the opening and close it with a cork. A large opening requires a special apparatus to close it. The food is reduced by mastication to a coarse pulp, and the boy has found no difficulty with it. Verneuil found that the swollen mucous membrane sets itself against such a tube, and we can therefore understand why it has been found water tight. The wall of the stomach is thick and can bear some strain, but at first there must be danger of the organ being drawn away from the wall unless it is firmly attached. Hence the stitches must be numerous and strong. Verneuill used fourteen stitches of silver wire; Trendelenburg the same number of strong silk. This last case is certainly a surgical triumph, and we are glad to congratulate the operator on a success which encourages us to look forward to others of a similar nature.

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TREATMENT OF INSANITY BY DRUGS.

Dr. George H. Savage has contributed an article on the "Treatment of Insanity, more especially by Drugs," to the last volume of "Guy's Hospital Reports," to which attention has been drawn in the *Medical Press*.

Until quite recently, observes Dr. Savage, *opiates* were looked upon as one of the sheet-anchors in the arrest of mental disease. Now we are more discriminating, and have to own that whereas some cases are relieved by opium, some are not affected at all, or are really injured by its use. In the first place, the effect of this drug will vary with its mode of administration. Some cases are not improved by morphia administered by the mouth, but will recover, or be greatly benefited, by the subcutaneous injection of that alkaloid. Two or three cases are reported where no improvement took place until the patient was put on a solution of morphia, in half-grain doses, two or three times a day, when a decided change for the better took place, and even ultimate recovery. Another case showed how morphia will control symptoms, though it may be long before it perfects a cure; and in the author's experience "when symptoms are so controlled it is only a question of time to cure." Another patient with active melancholia, was quiet and happy as long as she took morphia, but if this was discontinued she became very irritable. In her case no medical treatment had been tried for two months previously to the administration of the morphia, and within twenty-four hours from the commencement of this drug she became quiet and reasonable. She is still under treatment, but will recover. In short, Dr. Savage would say that morphia has served him well in active melancholia both in old and young, but especially in old cases, such as climacteric and senile patients; also where sleeplessness alone seems the cause of the mental breakdown, and in some cases of excitement in which chloral-taking or over-stimulation has caused insanity; but it is of no avail in ordinary acute mania, general paralysis, profound melancholia, or complete dementia.

With regard to *chloral hydrate* the writer would restrict its use to only a few forms of insanity. He justly remarks that "of all medicines recently introduced this has been the most largely used, and I fear if the good results were compared with the evil done the latter would preponderate." The mere producing of sleep does little, if any, good in the majority of cases of insanity. It is, however, useful in the epileptic states, in the furore of epilepsy, and in some cases of insanity from excess of stimulants. In one case, where there was furious mania following epileptic fits, the chloral was sometimes given, and at other times withheld, and the results were always quietness with chloral and mania without.

Dr. Savage also speaks in favour of a combination of *chloral and camphor* (10 grains of each, rubbed up with simple syrup), which was especially tried in two classes of cases—the wildly and distinctively maniacal—who were filthy in their habits, and in those who were erotic or lascivious in their behaviour. The mixture produced a good effect, and out of twenty cases in which it was given, fourteen were made more quiet. The use of the camphor, moreover, obviated the loss of appetite and of flesh, which was produced by the prolonged use of chloral alone, and all the patients gained in weight and improved in appetite. In more than one case the patient was quiet and decent while taking the medicine, and one case had every appearance of becoming a chronic lunatic, until the chloral and camphor were given. The writer would recommend this combination in cases of puerperal insanity, especially in the sleepless chattering form, where friends are mistaken, and erotic feelings are present.

Of the value of *conium* the report is not very encouraging. In a case of violent mania it was of some benefit after injection of morphia, camphor and chloral, and other remedies had failed; and it is recommended in cases where patients are noisy and destructive, but at the same time require stimulants.

Of still less value is *hyoscyamine*, the effects of which are so powerful and dangerous that sickness and collapse have been known to follow one dose of it. In one case a thirteenth of a grain produced in an hour and a half complete inability to stand, sickness, cold clammy skin, and absence of radial pulsation, without any good result following.

Of *bromide of potassium* the author has not a good opinion, but he confesses that his experience of that drug has not been very great.

Of all medicines *purgatives* have been most favourable with the older physicians and the majority of the best writers on insanity. But Dr. Savage says "we rarely give them at Bethlem with the idea that we shall cure by these means, and still more rarely to quiet the patient and keep him employed." *Stimulants*, on the other hand, are more favourably spoken of. We are told that stimulants are a large item in the expenditure of asylums, and when judiciously ordered and watched, they are of the utmost importance. Emmenagogues were also found of great service in the treatment of insanity, complicated with amenorrhœa. Of this class of drugs the tincture of *black hellebore*, in doses of half a drachm to a drachm, was remarkably beneficial, and several cases are cited in which both the amenorrhœa and insanity yielded to this remedy. The re-establishment of menstruation is important, and the return of menstruation unaccompanied by a mental change, adds to the gravity of the prognosis.

Independently of ordering medicinal remedies, there are certain physical conditions which often contribute to the cure of insanity, and Dr. Savage draws particular attention to cases of this disease, in which physical illness produced marked improvement in the mind of the patient. Thus several forms of insanity respectively, got well spontaneously, after the formation of a retro-uterine hæmatocele, after a toothache and gum-boil, after inflammation of lower jaw, after an attack of erysipelas of head, after obstruction of the bowels, and after an attack of gout. "In former times the head-shaving and blistering treatment must certainly have improved some cases, just as we have found that in some, purgatives are beneficial."

ABOUT BOOKS.

Lectures on Dermatology, delivered in the Royal College of Surgeons of England, 1876-7-8. By Erasmus Wilson, F.R.S., F.R.C.S., Member of Council, and Professor of Dermatology. London: J. & A. Churchill. 1878.

The volume before us concludes the courses of lectures delivered by the founder of the chair, and completes the plan he proposed to follow while himself occupying it. It will be remembered that Prof. Wilson not only endowed the chair, but presented to the College his own valuable collection of dermatological objects—in itself an excellent museum of the subject, but which now forms a part of the greater Hunterian museum. This collection he used in his first lectures on "Inflammation of the Skin," bringing under notice all those illustrating this process. In the following courses he pursued the same plan, passing in review, successively, the Disturbances of *Nutrition*, the Derangements affecting the *Nervous* System, then the *Pigmentary* Changes, and lastly, Disorders of separate parts of the Skin. In this way nine courses have been delivered, and as Prof. Wilson has now published them all, the volumes constitute an authoritative exposition of his views as illustrated by the collection. At the close of the ninth course he bade farewell to the chair, of which it is now intended to enlarge the scope so as to comprise original work in every department of surgical pathology. Thus, Mr. Wilson will probably be not merely the first, but, strictly speaking, the only Professor of Dermatology—his successors not being limited to that specialty. Perhaps this is as well, for while we by no means under-estimate the importance of dermatology, we must admit that medicine is so short of endowments in this country that the splendid position assigned to this chair set this Cinderella high enough above her sisters to more than atone for the neglect with which she had previously been treated. Now, however, that the magnificent Prince has undertaken to extend his protection to all Cinderella's relatives, the influence of dermatology will perhaps gain by the change, and we hope that surgical pathology may be advanced.

The volume before us comprises the last three courses of lectures, which are devoted to aberrations of pigmentation, disorders of the epidermic system, including the nails, the hair and its follicles, and the glands of the skin, sebaceous and sudatory. Abstracts of the lectures have appeared at intervals, and we have thus had opportunities of directing attention to their teaching, so that on this occasion it is not necessary to analyse them or to give long quotations. We rather seize the occasion to congratulate Prof. Wilson on the accomplishment of his project of thus himself illustrating his own collection. This volume and its predecessors constitute the best guide to that museum, and contain, so to say, a *catalogue raisonné*, while they furnish a full account of the author's views and the present position of dermatology. That position can never be secure unless founded on pathology, and, therefore, we have reason to rejoice that Mr. Wilson has not been content with endowing a chair, and contributing a museum, but, in undertaking the duties of that chair, has based his work on pathology, thus at once showing the value of his collection and the uses to which it may most appropriately be put. Even the therapeutics of cutaneous diseases may be advanced by a careful study of pathology, and to this branch Mr. Wilson has himself contributed both by his careful clinical observations and his pathological researches.

With regard to descriptions and classifications, the author seems to us, in his later works, to have considerably advanced by keeping closer to general pathology. Dermatologists have been too fond of indulging in intricate classifications and subtle distinctions. However useful these may be at times, we believe that every step towards simplicity is a step in advance, as it brings the whole subject more within the range of interest of the busy general practitioner. He should see in his skin cases the opportunity of watching pathological processes which may help him to understand those going on out of sight, and then he will find them no longer tiresome. Just as botany has been emancipated from an artificial terminology by the natural system, so may dermatology sweep away a vast array of difficult names and look to pathology as a safe guide showing a straight path where the schoolmen have only found intricate mazes. Prof. Wilson, with all the learning of the ancients, himself leads the way in the pursuit of modern pathology; he has done much to advance dermatology, and we trust he may live to still further simplify the study and make it illustrative of the science of medicine.

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Tablets of Anatomy and Physiology. By Thomas Cooke, F.R.C.S., with an Appendix containing most of the new Discoveries of Importance made known up to the date of Publication. Physiology complete. Second Edition. Longmans & Co., 1878.

Since the first publication of these Tablets several changes have taken place in the current opinions on several points of physiology. The publication of Dr. Gamgee's translation of Hermann's well-known work, of Dr. Michael Foster's original work, and lastly, of Dr. McKendrick's treatise, have given an impetus to the study of physiology in this country, and shown that some of the older explanations of the phenomena taking place in the body can no longer be received in their simplicity.

The coagulation of the blood is now shown to be by no means the simple phenomenon it was formerly thought to be. The respiratory undulations of blood pressure are now shown to have a connection with the vaso-motor system; the researches of Schiff and others have thrown a new light on the physiology of digestion. In Embryology especially the new views are very numerous. The commonly received notions have been much modified on many points since the publication of Foster and Balfour's "Elements of Embryology," and of the eighth edition of Quain. These new views have been incorporated in the present and new issue of Cooke's "Tablets" in a very ingenious way. The new matter has been printed on separate tablets with head-lines underlined red to draw attention to the new points. These have been bound together and issued separately as an Appendix. They are also bound up with the original tablets so as to form one work. In this complete edition, which is the one we have before us, we notice that the new tablets have been distributed throughout the work, each to the section to which it belongs, and each new tablet has been placed as near the old tablet as possible by the binder. In addition they have been paged to correspond, *e.g.*, 8a, 8b, &c. By this arrangement the student who only desires to learn the new can readily do so, while those who wish to learn all can readily read the new tablets in their proper position. The arrangement appears to us excellent, and well calculated to facilitate the labours of the student.

As the Tablets of Physiology are now first issued in a complete form, we may make a few remarks on them as a whole. Taken as a complete work the tablets appear to us to be well done. Circulation and respiration pleased us very much in the original edition. In the present, two tablets have been removed and fourteen new ones added. Amongst the "Tablets of the Lower Nerve Centres," those on the functions of the spinal cord, and the two on the influence of the nervous system over the action of the heart, are models of condensation. Those on the spinal cord seem the best on the subject we have seen. Those on the functions of the cranial nerves are also good. Development is very fully treated. Here we meet with much new matter, amongst which we notice several diagrams to illustrate the development of the nervous system. The homologies of the genital ducts are very fully discussed, both the older and more modern views being fully explained. Each is very clearly stated, and the student who masters these three tablets should be at no loss before an examiner, which ever view the examiner may require.

This edition of the Tablets of Physiology plainly reflects the present state of the science, and is well worthy of the reputation of the author as an anatomist and successful teacher of anatomy and physiology. The labour involved in it must have been immense. The new matter is about one-sixth of the whole work. After reading some elementary work on physiology, such as Huxley's, and attending a course of lectures, we really do not see that the student can require any other text-book if he provides himself with these tablets. They contain all that is essential even for the higher examinations, such as the M.B. Lond. and F.R.C.S. Eng., and this is put in the smallest space and described so clearly that there can be no possible mistake. In the section on development, for instance, it is positively a relief after wading through the ponderous and often obscure diction of that heterogenous work, the last edition of Quain, to turn to the clearly expressed phrases of Mr. Cooke's Tablets.

De l'Absorption de certains gaz dans l'économie animale et de leur élimination. Par le Dr. Joseph Casse, Médicin à l'Hospice de l'Infirmerie, à Bruxelles. 1878. Bruxelles, Paris, Milan. Pp. 34.

This little pamphlet contains an important memoir published by the Royal Academy of Medicine of Belgium, and cannot fail to be read with interest. Our readers may remember the author as the gentleman who, in conjunction with Prof. Thiernesse, brought forward the proposal to treat phosphorus poisoning by injecting oxygen into the veins. This somewhat startling plan they declared to be not only safe but efficacious. They began with experiments to show that oxygen gas could be safely injected into the veins of living animals, and then they proceeded to prove that their plan was capable of saving such animals as had taken twice the minimum fatal dose of phosphorus. A great number of facts were reported, but, nevertheless, some scepticism, perhaps not unnaturally, survived, and the doubters appealed to the opinion of Cl. Bernard, to the effect that gases entering the vessels are at once eliminated by the lungs. Nevertheless, the facts could not be disputed, and the experimenters gained in influence as they accumulated new ones.

Dr. Casse now comes forward with a larger thesis founded on numerous experiments. He now tells us that several gases may be injected into the veins, so that the fears so widely entertained of the entrance of air during the operation of transfusion are without foundation. This will astonish many, but seems to be borne out by the details given. Moreover, we should say that the conclusion refers only to distant views, and is not to be applied to the danger of wounding large veins in operations near the thoracic cavity.

In transfusion, our author says he has not merely allowed bubbles to pass, but has intentionally forced air into the veins—in one instance 17 or 18 cubic centimetres. On another occasion, in the service of Prof. Thiry, the pupils were requested to watch the air pass, bubble by bubble, through the transfusion-tube. No effect whatever was produced.

Further, at the laboratory of the University, Dr. Casse pursued the subject, and constructed an apparatus by which he could measure the amount of gas he introduced and record the variations in the respiration. He then set to work systematically to determine the effects of injecting the following gases: oxygen, nitrogen, sulphuretted hydrogen, and carbonic acid.

The following are the results of this interesting investigation: 1. However introduced, gases are eliminated by the pulmonary surface. 2. The elimination differs with the injection. When the gas is in solution elimination is much more rapid than when it is free. 3. The absorption is effected under better conditions when gas is injected in a free state than when in solution. 4. The quantity which can be introduced is in direct ratio with elimination or absorption. 5. That death occurring from too strong an injection is mostly due to cerebral anæmia. To these interesting results may be added that, as a gas must be dissolved in order to be absorbed by the pulmonary surface, it must be in solution before it can be eliminated. We are very pleased with this memoir.

Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States. Washington. 1878.

Another of the useful volumes which appear under the authority of Dr. John M. Woodworth, the Supervising Surgeon-General, whose publications we have often had occasion to notice. Besides the usual statistics of the Service, the present issue contains an appendix which has much interested us. First, there is the paper on the Metric System, to which we lately devoted a leader, and which, therefore, must not now detain us. Next we find a paper by Surgeon Bailhache on the Physical Examination of Seamen, from which it appears that the seaworthiness of sailors is almost as important as that of ships, and there is probably reason in all countries to look into the matter. To our readers perhaps a still more interesting paper is by Surgeon Walter Wyman on River Exposure and its Effects upon the Lungs. From this it seems that the men employed on the great American river steamers are exposed to weather and hardships which engender disease to such an extent that Surgeon Wyman thinks it deserves a special term, "river phthisis." Probably few of those who travel reflect on what may be the results and what are the hardships of the men, and we have little doubt that the sad picture here drawn might be parallelled among us. The firemen seem to be the greatest sufferers, and several important suggestions are made which ought to be at once carried out as likely to prolong the lives of these hard-working men.

We pass by several papers on Yellow Fever, as they relate to epidemics before the present fearful scourge, but are full of interest to all who are likely to be within the latitude visited by this disease. The conclusions of Dr. Woodworth, to which we formerly drew attention, are given on page 13 of the Report. It is plain that much valuable work is ably carried on by the Service.

LITERARY NOTES.

Involuntary Action of the Nervous System, by John J Caldwell, M.D., is a paper read at the American Dental Convention last August. The author supports the view lately put forward by Prof. Hammond, that the spinal cord is a much higher nerve centre than usually supposed. To the address is added a shorter paper on the *Unity of Force.*

Dr. Caldwell also sends us the *Treatment of the Genito-Urinary Organs*, a pamphlet in which he gives some further cases illustrating the use of damiana, which he thinks very valuable in functional affections of these organs. It seems, however, that many spurious articles are sold which have been found inert, so that great care should be exercised to secure the genuine drug for experimentation.

The Good and Evil of Tobacco is a reprint (Elliott Stock) from *Colburn's New Monthly*, in which the evils of using tobacco are set forth in all their magnitude. It will perhaps confirm those who leave tobacco alone in the conviction that they act wisely.

The Upper-Engadine is No. 8 of "Switzerland Illustrated," issued by Füssli & Co., Zurich. It is a brief tourist's guide with many pictures, and would have claimed larger attention, perhaps, had it reached us in summer.

Dr. Colletti, in a pamphlet, *Nuova Farmacopea Militare*, has some trenchant remarks on a military codex which appeared in the *Gazetta Medica Italiana Pr-Ven.*

Bibliotheca Medica is the title of the most complete catalogue of medical books we have yet seen. It is issued by Messrs. Robert Clarke & Co., of Cincinnati.

MEDICAL OPINION.

ON SPECIALISM.

MR. EDWARD NETTLESHIP'S INTRODUCTORY LECTURE AT ST. THOMAS'S HOSPITAL.

The lecture was devoted to specialism in medicine, chiefly as illustrated by ophthalmic surgery. Three stages might be recognised in medical specialism—the *first, or empirical stage*, based on the need for special dexterity in certain operations; the *second, or encyclopædic*, in which the practice of eye surgery was joined with general surgery, and the special branches of practice were in the hands of the best surgeons of the day, who were but seldom specialists (16th, 17th, and 18th centuries). The continued action of the causes which produced this stage have led, in the last half-century, to a great increase of specialism and specialists; the progress of knowledge and multiplication of resources having made it impossible for any but men of the highest ability to cultivate thoroughly the whole field of modern medicine (third stage). However much we may regret this modern sub-division of labour, as fostering narrow habits and exclusive views, and as tending to an over-estimate of the importance of trivial complaints, we must accept it as an essential condition for most of us, if we wish to attempt thorough work.

Some points in regard to the future of specialism were then touched upon, and some of its weak points mentioned. Attention was called to the parallel institutions of the special *hospitals*, and special *departments* at general hospitals. The special departments having arisen to meet the needs of medical education, will increase in importance. But the lecturer thought that the usefulness of the special hospitals would slowly change its ground, and in the end be lessened; they will remain as centres for the highest special work, where those who are in charge of the special departments may work side by side with mutual advantage. If the special and general hospitals could co-operate, medical education and scientific work would both gain; and though the number of medical workers need not be reduced, any tendency to excessive competition for hospital patients would be checked.

Mr. Nettleship next inquired how a special branch of practice should be taken up?

The longer a man can keep his hold of a wide field of practice the better for his after value as a specialist, provided he do not endanger the first object of specialism—thorough adeptness in its intricacies. The earlier a man becomes a pure specialist the greater the risk that he will lose in *breadth* of knowledge and judgment, what he gains by *concentration*. The need for specialists more than for others of general medical culture, whether by means of reading, of the medical societies, or of co-operation with colleagues, was strongly insisted upon, in order that the mind might be kept open though the sphere of industry was narrow. It was held that the work of the medical man contains more humanising influences than the every-day work of almost any other occupation, and that *general* culture (however attractive) was, on this account, less imperative for ordinary medical men and ordinary specialists than the need of trying to keep up in some degree with the march of their own profession.

Pluralism in medical appointments was for specialists one of the most effectual checks to isolation and narrowness, always provided that the whole strength be not taken up in the mere routine of the work. And, as Mr. Nettleship here pointed out, although specialism will certainly increase, yet there are many degrees of specialism; and it by no means follows, in the case at any rate of the less intricate special branches, that a man who acquires reputation for some one class of maladies need relinquish the charge of other cases. Routine was an enemy very carefully to be guarded against, and one to whose attacks the specialist is particularly open, because his work is very limited in area, and his responsibility (compared to that of the general physician and surgeon) light.

Another morbid tendency of specialism was to rely too much on local treatment, and especially to drift into the needless employment of strong local remedies, needing skilful use, when weaker ones applied by the patient would do as well.

Mr. Nettleship deprecated the performance of serious and delicate operations on the eye by those whose opportunities of treating eye cases and of habitually handling the eye were few and far between. Though eye operations often looked easy, were soon over, and involved no risk to life, the margin allowable for harmless error in their performance was very narrow. But it was the duty of all students who could possibly afford the time to learn the use of the ophthalmoscope (and of other special aids to diagnosis), the use of which could never lead to anything but good for the patient. Such instruments of research were, however, whether employed for the elucidation of general or of merely local disease, always to be used in general practice as accessories to, not as substitutes for, the more ordinary means of diagnosis.

In regard to the more difficult parts of the special subjects, students who are only able to give a short time to their study should aim less at knowing how to cure a particular case than at learning how to distinguish serious from trivial cases—cases which they may when in general practice safely treat—from those which they ought unhesitatingly and at once to transfer to an expert.

Dr. THOMAS WHIPHAM'S INTRODUCTORY LECTURE AT ST. GEORGE'S HOSPITAL.

After an allusion to the loss which the School had sustained by the death of Dr. Noad, F.R.S., late Lecturer on Chemistry, and that of two most promising students, Dr. Whipham proceeded to discuss the question of specialism as it affects the public and the medical profession. Starting with the argument that the law of division of labour acts beneficially throughout Nature, he showed that the natural outcome of it is, that specialists must of necessity be produced, both in the animal and vegetable kingdom; that, for instance, the pointer, the tumbler-pigeon, and the greyhound are, as shown by Darwin, specialists, which have been created by selection and cultivation; while the vegetable kingdom furnishes familiar examples in the case of many plants now used as food for man. These under cultivation are composed almost entirely of substance, the existence of which in their tissues in comparatively small quantities originally led to this cultivation. But while congratulating man on the great modifications he had effected in the works of Nature for his own benefit, the lecturer proceeded to consider the disadvantages which might result from this development of one particular characteristic in the plant or the animal, and showed, first, that man greatly increased his responsibility thereby; and, secondly, that in some cases the result of this induced specialism was to render an animal, such as the greyhound, incapable of independent existence; the dog thus modified being deprived of the one sense by which it can obtain its food under its natural conditions—viz., the sense of smell. Turning from the lower animals to man, Dr. Whipham raised the question as to whether man in his treatment of himself was not falling into a similar error. Is man so prosecuting the culture of his own brain that some one or more of its attributes are brought into special prominence, while others of equal importance are neglected? Is the tendency of medical education directed now-a-days unduly to the encouragment of specialists? It must be granted that man's intellect is finite, and that human knowledge is now so extensive that a thorough acquaintance with but few subjects only is attainable, and that man, therefore, must to a certain extent be a specialism. But it was argued that man should strive to render his knowledge as comprehensive as possible, and that he is not justified in setting any definite limit to his studies, especially in the early part of his career. The question of the bearing of specialism on the public was briefly treated, and it was shown that although the public doubtless derived great good at the hands of specialists, yet that if the system be much further extended, the public will suffer, owing to the fact that they will be in the hands of men who study a part instead of the whole, the result of which must be imperfect knowledge, even of the part. If specialism is tolerable in any profession, however, it is particularly so in medicine, in which so many collateral sciences play important parts; but it was strongly urged that no one is qualified to become a specialist until, after years of patient study, he has obtained a thorough and accurate knowledge of all the various branches of his profession, and without which he imposes upon the public and deceives himself by thus limiting the bounds of his work. The adoption of a speciality should be the outcome of an extensive knowledge of medicine and surgery, and not recklessly taken up with as a means of obtaining knowledge on a limited subject, or with a view of pecuniary gain. This power of obtaining, in the first instance, knowledge sufficient to justify them in contracting their field of labour is conferred on but few; it follows, therefore, that specialties, if they are to exist at all, should be confined to those few. The adoption of specialism as a means solely of pecuniary gain was condemned, as degrading alike to the profession and to the individual.

Guy's Hospital Gazette says:

It is characteristic of all large educational institutions that they should above all things reverence and adhere to the traditions and teachings of their leaders, both past and present, and we may safely say that our hospital forms no exception to this rule. Men leaving Guy's to enter into practice at the end of their course of study have only themselves to blame if they eventually find themselves ignorant of any branch of their profession, even though during the whole of that time they should have rigidly closed their eyes and ears to any but "Guy's teaching." But knowing and fully believing this, we would nevertheless endeavour to point out a few advantages that may follow a judicious employment of a short time, at least, in the study of certain branches of the profession which have come to be regarded as Specialism. Now we fear that this word Specialism rings harshly on the ear of a large majority of our fellow-students, and to account for this we have only to look to the traditions and teachings of which we have spoken above. Few of us can have gone the rounds of the wards for long together without hearing something to the disadvantage of special hospitals, suggested either by alleged malpractices upon the person of the patient in question at the time, or by the startling diagnosis of which the patient declares his disease to have been the subject. True to our traditions we have invariably accepted—nay, sometimes applauded—the statements with respect to such cases which our teachers have thought fit to make, and so many of us have come to regard the Specialist as an enthusiast (if not a charlatan), who, in his zeal for his pet subject, has thrown to the winds all his previous knowledge of medicine on every subject except one, and whose treatment is purely local; who, if he be a surgeon, is for ever devising some new and ingenious modification of some familiar surgical instrument; or, if he be a physician, is for ever appealing, in conjunction with this or that noble earl, for support for the institution which provides him at the same time a field of action and an advertisement. Now, upon analysing this conclusion we are bound to confess that our righteous indignation has in reality been poured forth upon a few only of the Specialists and special hospitals, and that the sins of the few have sufficed to condemn the many. Let us then, good Guy's men though we be, take a look at the subject from an unbiassed point of view, and see whether, after all, we may not have something yet to learn from Specialists.

Take, first, diseases of the eye and ear, and in these departments of Specialism we need not to pass our own gates; the few who really enter into the subject there taught cannot fail to be struck by the vast number of morbid conditions fully recognised and adequately treated, which, though often associated with the constitutional disease, are so often passed over without comment in the general routine practice of medicine and surgery. Apart from the skill and confidence which is gained by the repeated use of the different instruments employed for investigation, we cannot lay too much stress on the evil that may ensue upon the false diagnosis of such affections as glaucoma or optic neuritis, owing to imperfect acquaintance with morbid appearances. Verily, in these matters "a little knowledge is a dangerous thing;" but it is only by systematic study, under special teaching, that we may hope to avoid it.

Another branch of Specialism, little in favour amongst us, is that relating to diseases of the throat and larynx, and we are bound to consider it a matter of regret that no classes for special instruction in this subject, or in the use of the laryngoscope, are held in this hospital. As in the case of the eye and ear, however, those who will steadily devote sufficient time to the study of laryngoscopy, and the diseases which may be recognised by its aid, will in their turn readily confess that a hasty view of a paralysed vocal cord or an ulcerated epiglottis is not the *summum bonum* that they can arrive at, and that numerous affections which hitherto they have looked upon as unimportant, or have, indeed, disregarded altogether, will come to have an important place in the diagnosis and treatment of diseases which they have never before considered to bear any relation to them.

That these remarks are not exaggerated we venture to think that few will deny, and if applicable to the branches of Specialism upon which we have touched, why not to numerous others that might be considered? The general medical and surgical practice of such a hospital as ours offers endless opportunities for the study of the relation of affections of special organs to general disease, but that study must of necessity be imperfect unless founded upon a true knowledge of the special affections of such organs, independent of such general disease, and it is only by intelligent study of these affections that we can hope to make our diagnosis of value to ourselves or our professional brethren, or our treatment give relief to our patients.

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AT THE SOCIETIES.

AT THE CLINICAL SOCIETY OF LONDON.

October 11, 1878.

A CASE OF FRACTURE OF BOTH HUMERI; RUPTURE OF THE LEFT BRACHIAL ARTERY; ABOLISHED CONDUCTIVITY OF THE LEFT RADIAL AND MEDIAN NERVES; BROKEN ILIO, AND LACERATION OF THE QUADRICEPS EXTENSOR CRURA JUST ABOVE THE PATELLA.—RECOVERY, WITH LITTLE TRACE OF PERMANENT INJURY, EXCEPT SOME LIMITATION OF FLEXION OF LEFT ELBOW-JOINT.

By Mr. J. W. Hulke.

The above-mentioned injuries were caused by a revolving wheel which caught the man's sleeve, and whirled him round, it was thought fifty times before the machine was stopped. The bearing of the case on nerve-stretching as a surgical practice, as on the question of primary amputation, are the grounds on which it is brought before the Society.

The PRESIDENT related a parallel case, where loss of function followed undue stretching of nerves across a fractured humerus, but without restoration of sensibility, and with subsequent sloughing of portions of skin of the fingers.

Mr. HEATH, remarking upon the rapidity with which collateral circulation was established, referred to a case of gun-shot injury of the forearm, reported by himself three years ago, where also after division of the brachial artery, pulsation returned to wrist at end of three days. Did Mr. Hulke treat the wound on antiseptic principles?

Mr. MARSH remarked upon the great rapidity with which the collateral circulation was set up in young subjects, and the PRESIDENT having referred to Mr. Mitchell's observation on the restoration of nerve supply through the medium of the nerve-limbs after injury, Mr. HULKE replied, instancing as an example of the great rapidity with which the collateral blood-supply was set up in the upper limb, the case of a fracture at bend of elbow in a lad of 19, where the brachial artery was completely severed. Pulsation was observed in the distal end of the vessel 24 hours after the injury. Strict antiseptic details were not carried out in the case he referred to, but scrupulous cleanliness was adopted.

Mr. HUTCHINSON read a paper on

A CASE OF SUPRA-PUBIC LITHOTOMY.

A man, æt. 26, had suffered inconvenience for about six months with the usual symptoms of stone. Examination proved the stone to be of unusual size, and it was therefore decided to perform the high operation in preference to extraction per rectum, which was considered the only alternative. At the time of the operation some difficulty was experienced in extracting the stone, in consequence of its great size, compared with the wound. After the operation, the bladder was drained by means of a tube passed through the wound and through the urethra, The drainage was not, however, complete, and great inconvenience resulted from overflow of urine from the wound. The case went apparently well for the first week, but the patient ultimately died of pyæmia. At the post-mortem the bladder was rigid, and coated with phosphates; the urethra dilated, and pyæmic deposits in the kidneys. The stone weighed 6¼ ounces, and measured in circumference 9 inches by 7 inches.

Mr. NORTON suggested that drainage of the bladder might be effected in cases of supra-pubic operation by an incision in the perinæum, and the insertion of a prostatic tube.

Mr. GANT considered Dupuytren's bilateral operation preferable to the supra-pubic for large calculi.

Mr. HEATH, some years ago, saw Sir H. Thompson perform supra-pubic lithotomy on a boy with deformed pelvis, where removal of the stone by the ordinary method had failed; and he had also seen Sir Henry perform supra-pubic puncture of the bladder in cases of prostatic disease. This was sometimes difficult, from the position of the bladder. He had read that distension of rectum could be made use of to pull forward the bladder. For drainage vesical puncture was efficacious. Very large calculi could be removed per perinæum, and, if the incisions were free enough, without laceration of tissues; or the practice adopted by Mr. Macnamara in India might be followed, viz., that of combined lithotrity and lithotomy.

Mr. HULKE did not see the need of special measures for the escape of urine in cases of supra-pubic lithotomy; the inconvenience was only that of dribbling of urine, and no risk of contamination or cellulitis seemed to be incurred. He referred to an ingenious Italian instrument, exhibited in 1862, for breaking up large stones in the bladder through the lithotomy incision.

Mr. BARKER had seen Sir H. Thompson perform the high operation, when the great difficulty appeared to be in catching the stone, and not in opening the bladder.

Mr. CALLENDER was going to bring several cases of supra-pubic puncture before the Society, and in one of them there was great difficulty in the operation. He had found that, by making several apertures in the limb of a syphon inserted into the bladder the urine could be satisfactorily drawn off through the wound.

Mr. HUTCHINSON had tried every plan, but could not avoid the dribbling of urine. Certainly the bladder was rigid in his case from phosphatic deposit. There was no difficulty in the operation, and all other modes of destruction were well considered before it was undertaken. The ill result must be attributed to the low state of health of the patient.

Mr. LUCAS read a paper on

PISTOL-SHOT WOUND OF THE SKULL.

A man, æt. 21, committed suicide by firing a revolver at his forehead. Two conical bullets were extracted from the internal table after a crucial incision. The longitudinal sinus was seen pulsating, and the dura mater was perforated. The patient lived five days, during which time the prominent symptoms were—convulsions, left hemiplegia, gradual rise of temperature to 107°. At the post-mortem the dura mater was found perforated in one small aperture; suppurative meningitis over the right hemisphere and anterior part of the left hemisphere; also slight bruising of each frontal lobe.

Mr. HUTCHINSON asked whether there was any evidence of encephalitis as well as meningitis on the side opposite to the hemiplegia. He had long held that hemiplegia was a constant symptom of traumatic meningitis of the opposite side of brain.

Mr. HULKE related a case of gunshot injury, under the care of Mr. Lawson, where, after protrusion of brain substance and exfoliation of portions of frontal and ethmoid bones, perfect recovery ensued. He confirmed Mr. Hutchinson's statement as to the association of hemiplegia with traumatic meningitis.

Mr. HEATH mentioned a case of complete amaurosis, in which a bullet had been fired through from one temporal region to the other. There was evidence also of palsy of one third nerve and the other sixth, so that it would seem that the bullet had divided these nerves and both optic nerves, without injuring the carotid artery. In another case the bullet had rebounded into the brain.

Mr. BARKER related two cases of gun-shot wound from Chassepot rifles.

Mr. HULKE said a similar case to the second one mentioned by Mr. Heath was related by Larrey, when the portion of the ball in the brain was ascertained by a catheter, and found to lie near the opposite side of skull. Larrey trephined over the spot and extracted the bullet. The case recovered.

Mr. HOUSE had recently extracted a ball from a child's skull by trephining over a spot opposite to the aperture of entrance. The ball was lodged between the dura mater and the bone, but the child died in thirty-six hours from the effects of the injury.

Mr. HUTCHINSON said that in the Leeds Museum was a specimen of a bullet lodged in the sphenoidal bone, the presence of which had been wholly unsuspected during life.

Mr. CALLENDER referred at some length to the effects of injury to brain substance, and the importance of treating such injuries upon the same principles as other wounds, and he mentioned details of two cases, recently under his care, of compound fracture of skull, with laceration of brain, where the injured brain substance was washed away by solution of carbolic acid, and in one of them a very considerable loss of substance occurred. Both patients recovered.

Mr. NORTON said that as regarded the strange effects of some injuries of the brain, he had had the opportunity of seeing many curious cases in the Franco-German War, but he had recently become acquainted with a case in which a large portion of the brain had been removed without affecting to any great extent its function. A labourer, now about twenty-four years of age, was at birth delivered by craniotomy. Sufficient of the brain substance was removed for the extraction of the child, and the child was put aside for dead. After a few hours the nurse ascertained that life was not extinct. The child recovered and grew to manhood. The head was flattened with an irregular fibrous mass in the seat of the injury. For years the patient was said to have shown a want of ordinary intelligence, but Mr. Norton thought that at the present time but little difference could be distinguished between the patient and other farm labourers.

Mr. LUCAS, in reply, said that the hemiplegia was incomplete. He thought the faculty of recovery from brain injury depended largely upon the education of the subject.

OCTOBER 25, 1878.

The PRESIDENT brought before the Society two cases illustrating the good effects of Martin's strong elastic bandage, the one a case of varicose ulcer, which healed in a few days, and remains well, the patient himself managing the application of the rubber; the second a chronic effusion into the knee-joint, with a rheumatic history. The limb could not be raised from the bed when the rubber was first applied, but a few days later the man was able to walk down into the hospital square, and the effusion into and thickening of the tissues of the joint had subsided. So far as his present experience went, Mr. Callender thought that these bandages would prove of great use in hospital practice. The President then read the notes of four cases bearing upon the revival of an operation mentioned by John Hunter, cases of intractable stricture of the urethra, in which, the bladder having been punctured above the pubes for retention, a catheter was passed through this opening into the bladder to the stricture, acting as a director towards which the stricture was divided in the perinæum. The two first were cases in which the bladder was punctured above the pubes for retention. At a later period the stricture was divided in the perinæum, the position of the urethra in the further side of the obstruction being guided too by a catheter introduced by the supra-pubic opening. Both patients made good recovery. The third case illustrated the difficulty of opening the urinary bladder when contracted and empty. After its puncture, the patient who did well so far as the mere operation was concerned, slowly sank from renal disease, and died from uræmic poisoning. In the fourth case, under the care of Dr. Macdougall, of Carlisle, the preliminary puncture of the bladder above the pubis was followed by great relief, but the final operation upon the urethra was never practised, the patient's life being suddenly cut short by profuse hæmorrhage from an artery exposed at the base of an ulcer of the pyloric end of the stomach. These cases the President said, showed the possible advantage the operation which might be practised in certain rare cases. They also showed the difficulties it might be associated with, especially in attempting to open a contracted bladder, and the complications which, in such severe cases, might co-exist.

Mr. H. G. Howse read a paper on

A CASE OF SUPRA-PUBIC INCISION INTO THE BLADDER FOR THE RELIEF OF TRAUMATIC STRICTURE OF THE URETHRA CAUSED BY COMPOUND FRACTURE OF THE PELVIS.

Alf. B., æt. 22, was admitted into Guy's Hospital on Sept. 18th, 1877. Seventeen months before admission he had sustained a very severe compound fracture of the right side of the pelvis, from a large piece of stone falling upon it. His left ankle-joint was dislocated at the same time, and the urethra ruptured, probably by the fractured ischium, for the wound through the skin was at the junction of the perinæum and right thigh. He was taken at once to a provincial hospital, where the dislocation was reduced, and the limb put in splinters. Catheters were at first passed, but they were not continued; and subsequently it was found impossible to introduce any. His constitutional state, which at first was extremely bad, gradually improved, and at the end of seven months he was discharged from hospital for change of air. At this time he was passing the bulk of his water, with great straining, from the wound, and from two abscess-sinuses in the groin. A little dripped from the penis. Repeated attempts at catheterism had entirely failed. After two months' stay at home he was re-admitted to the same hospital. The attempts at catheterism were now repeated, both from the penis and from the sinuses; and on one occasion a catheter was introduced from the wound into the bladder. A week later perinæal section was performed with this catheter as a guide, and a No. 9 gum-elastic catheter was introduced into the bladder from the median line of the perinæum. This was continued in for many weeks; but at last, in the necessary changes, it was found impossible to introduce instruments of equal size, so that by degrees smaller and smaller sizes were used, until finally none at all could be introduced. After six months' stay in hospital he went home in much the same state. Attempts were then made at home, during two months, to pass instruments, and once he took chloroform; but this failing, he was sent up to Guy's. During the first few weeks after admission various operative procedures were adopted, with the view of finding the end of the vertical portion of the urethra, or providing the patient with an easy mode of exit for the urine. These may be summed up thus—1. The sinuses were carefully slit up and explored to see if they could be traced into the urethra. 2. A "Cock's" operation was performed, in order to open a way into the bladder through the portable portion of the urethra. This resulted in showing that the urethra was not in its normal position, probably from the contraction of the dense mass of cicatricial tissue, which occupied the lower aperture of the pelvis. The operation therefore failed. 3. Cystotomy was performed from the perinæum through the prostate. This operation gave so much relief to the patient, as furnishing him with an easy mode of exit for the urine, that it was determined to try and connect the new prostatic passage with the penile portion of the urethra. This was accomplished towards the end of December, and by the beginning of April the new passage in its entire length appeared to be pretty well established. A sharp attack of cystitis, produced by the patient taking exercise with a somewhat stiff gum-elastic catheter in him, here interrupted his convalescence for some time; and after this had disappeared it was found that when he attempted to pass water without the catheter, it would *begin* to flow through the new passage, and then would suddenly stop altogether, just as if a calculus had fallen against and plugged the new aperture. The reason of this appeared to be that the *cul-de-sac* of the old prostatic urethra ran down by the side of, and close to, the new passage; and that when micturition took place the urine entered and filled the old *cul-de-sac*, as a bag; and this, in its distended state, pressed on and obliterated the new passages. Hence, to complete the cure it would be necessary in some way to utilise the old *cul-de-sac* of the prostatic urethra. With this object the following operation was resolved on:—On June 25th the bladder was washed out with thymol solution, and then hyper-distended with some of the same fluid. A supra-pubic incision was then made, and the surface of the bladder exposed. One or two double sutures were then passed into its muscular coat, on either side of the intended puncture. On the puncture being made the thymol solution welled out freely, and was recognised by its smell. A large curved sound was then passed into the viscus through the puncture, down to the back of the bladder, and thence into the prostatic urethra, where it was arrested by the *cul-de-sac*. This sound was then given into the assistant's hands to hold steady, and the patient put into the lithotomy position. The point of the sound could then be felt from the rectum, in spite of the dense cicatricial tissues by which it was surrounded, and it was seen to deviate very considerably to the right side, hence accounting for the failure in finding it by "Cock's operation." Incisions from the perinæum readily reached it, and a director was passed into the bladder on this side. On this director, subsequently, a No. 12 catheter was passed into the bladder. The large sound was then removed from the hypogastric incision, and the wound in the bladder closed by carrying the sutures across the incision, threading them in, as for a cleft palate operation. The external skin wound was left open to granulate up. No constitutional disturbance followed this operation, which was performed under the carbolic spray in all its details, though recognisedly it was only possible to keep the anterir wound *entirely* antiseptic. No escape of urine ever took place from the hypogastric incision. A month after the operation a catheter was passed the whole length of the urethra into the bladder, and the external perinæal wound left to close as far as it would. Early in September the perinæal wound was so far closed that the catheter was left out at intervals, and the patient showed that he could pass urine down the whole length of the urethra in a good stream without any of the previous obstruction. At the present time the patient remains in good health, generally passing the catheter for himself, by preference, about twice in the twenty-four hours, to avoid any possible future contraction in the new portion of perinæal urethra. It is urged that this supra-pubic operation, though admittedly inferior to "Cock's operation" (for opening the urethra at the apex of the prostate), as far as risk to the patient, facility of performance, and general success in results are concerned, may yet be of the greatest value where the "Cock" fails in success,—as, indeed, is shown by this case. Such failure can only be due when properly performed, to some displacement of the urethra from its normal position. In the present case this arose from the contraction of a vast amount of cicatricial tissue produced by a very bad compound fracture of the pelvis, but it may be also due to the pressure of tumours, or to unsymmentrical suppurations about the neck of the bladder, as in some cases of old and repeated extravasations of urine. In the present case the operation was rendered entirely antiseptic by the washing out and injection of the bladder with thymol solution first, prior to the performance of the operation. It is pointed out that even in cases where the bladder is contracted down behind the pubis, and filled with stinking ammoniacal urine, this may probably be done with success by the use of the aspiratory trocar and canula after the skin incisions have been made, but before the bladder is incised. In this way, by alternately pumping in and sucking out fluid, the bladder may be thoroughly washed out, and finally hyper-distended with antiseptic fluid, whereby the subsequent steps of the operation are much facilitated. The method of passing the sutures prior to opening the bladder enabled the viscus to be well held up against the external wound in spite of its collapse after opening. And subsequently they enabled the wound in the bladder to be rapidly and completely closed, whereby all risk of subsequent infiltration of urine was avoided.

Mr. **Furneaux Jordan** alluded to the danger of wounding the peritoneum in such an operation, a danger avoided by his plan of opening the urethra behind the stricture from the rectum, and passing an instrument forwards to the meatus through this opening, No fistula would result, for it was sloughing, not incision, that was followed by fistulæ.

Mr. **Teevan** considered that supra-pubic puncture was in itself a serious operation, and one not lightly to be undertaken, as numerous deaths had been recorded after it. It was well known that there could never be any stricture in the prostate, and this important fact had been well utilised by Mr. Furneaux Jordan, whose operation of retrograde catheterism effected from the rectal aspect of the membranous urethra was a vast improvement over that of Hunter's, which was made by supra-pubic puncture. He considered that all impassable strictures ought to be attacked from the perineum, by opening the urethra in front of the contraction as practised by Gouley, of New York, Wheelhouse, and himself. A fine whalebone bougie could nearly always be insinuated through the opening into the stricture, and its presence in the bladder demonstrated by sliding over it a fine silver tube, open at both ends, and with drawing some urine. He considered Hunter's method of retrogade catheterism serious and dangerous.

Mr. **Hulke** mentioned an article by Prof. Dittel, in which supra-pubic puncture is advocated as being attended with little danger, and said that in this article was contained a complete summary of the methods of dealing with difficult strictures.

Mr. **Maunder** thought that rectal puncture was not a dangerous operation, and was superior to that of Prof. Dittel, after which 2 fatal cases out of 27 had occurred. He had been struck with the facility of reaching the membranous urethra by Mr. Jordan's plan.

Mr. **Hulke**, in reply to Mr. Maunder, recollected two or three cases published during the last four or five years, in which, in London hospitals, rectal puncture had been followed by pelvic cellulitis.

Mr. **Morris** referred to a difficult case of stricture which he had lately dealt with by means of catgut bougies.

Mr. **Lister** thought that it was clear that if the stricture could be treated from the perinæum, it was better to do so than to open the bladder. His plan was to open the urethra freely, and to look carefully for the posterior opening. He noticed that fair-sized instruments had sometimes been passed from behind; here surely a careful search from the perinæum would have detected the opening. In some difficult cases only one manœuvre would succeed in overcoming the obstacle.

Mr. **Bryant** had observed that the President had not definitely given his approval to the operation he described. In Mr. Howse's case he considered that the procedure adopted was the only available one, but he thought no one would attack the stricture from behind if it could be dealt with from in front.

Mr. **Rivington** thought the operation a valuable addition, particularly where no fresh incision has to be made above the pubis. After opening the urethra from the perinæum he had found the upper wall a useful guide.

Mr. **Jordan** admitted that his operation could only be an exceptional one.

The **President** remarked that he had brought forward his cases as bearing on Mr. Howse's. That such cases were rare, was shown by his having had but one in fourteen years in which the operation was advisable. Where supra-pubic puncture has already been performed, he could see no objection to his method of treatment, which he classed among the surgical curiosities.

Mr. **Howse** also replied. After which

Dr. **Bigelow** exhibited his instruments for lithoaplaxy, an operation which he said was based on the great tolerance by the bladder of the introduction of blunted polished instruments; he considered that these were more readily tolerated than angular fragments of stone. The operation was a new one, having been done about 25 times. Van Buren had had six succeessful cases. The meatus having been slit, a large tube, 30 to 31 guage (Charriére) was introduced, the end of the tube being formed by an eccentric projection. In passing this tube it was important that it should be introduced vertically as far as possible, when, the head being depressed, it was pushed on with a corkscrew action into the bladder. To it an india-rubber ball was then to be connected by an elastic tube. The ball and a glass receptacle which opened into it, were placed in an upright stand. The capacity of the bladder must first be ascertained and care be taken not to over-distend that viscus. Then, by gently compressing the ball, and allowing it to expand again, the fragments were speedily sucked into the glass receptacle.

This action was successfully demonstrated.

After a vote of thanks to Dr. Bigelow, the meeting adjourned.

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AT THE ROYAL MEDICO-CHIRURGICAL SOCIETY.

REPORT ON MEMBRANOUS CROUP AND DIPHTHERIA.

At the ordinary meeting of this Society, held on the 22nd inst.,

Dr. **Andrews** presented the following *Report of the Scientific Committee appointed to Examine into the Relation existing between the diseases commonly known respectively as Membranous Croup and Diphtheria.*

Debate was adjourned in order that the Fellows might receive copies of the report.

1. Membranous inflammation confined to, or chiefly affecting, the larynx and trachea may arise from a variety of causes, as follows:—

(*a*) From the diphtheritic contagion.

(*b*) By means of foul water, of foul air, or other agents, such as are commonly concerned in the generation or transmission of zymotic disease (though whether as mere carriers of contagion cannot be determined).

(*c*) As an accompaniment of measles, scarlatina, or typhoid, being associated with these diseases, independently of any ascertainable exposure to the especial diphtheritic infection.

(*d*) It is stated, on apparently conclusive evidence, although the committee have not had an opportunity in any instance of examining the membrane in question, that membranous inflammation of the larynx and trachea may be produced by various accidental sources of irritation—the inhalation of hot water or steam, the contact of acids, the presence of a foreign body in the larynx, and a cut throat.

2. There is evidence in cases which have fallen under the observation of members of the committee, and are mentioned in the tables appended, that membranous affection of the larynx and trachea has shortly followed exposure to cold, but their knowledge of the individual cases is not sufficient to exclude the possible intervention, or co-existence, of other causes. The majority of cases of croupal symptoms definitely traceable to cold appear to be of the nature of laryngeal catarrh.

3. Membranous inflammation chiefly of the larynx and trachea, to which the term "membranous croup" would commonly be applied, may be imparted by an influence, epidemic or of other sort, which in other persons has produced pharyngeal diphtheria.

4. And, conversely, a person suffering with the membranous affection, chiefly of the air-passages, such as would commonly be termed membranous croup, may communicate to another a membranous condition limited to the pharynx and tonsils, which will be commonly regarded as diphtheritic.

It is thus seen that the membranous affection of the larynx may arise in connection with common inflammation, or with specific disorders of several kinds, the most common of which in this relation is that which produces similar change elsewhere, and is recognised as diphtheria.

In the larger number of cases of membranous affection of the larynx the cause is obscure (*i.e.*, in any given case it is difficult to predicate the particular cause in that case).

Among those in which it is apparent common irritation seldom presents itself as the source of the disease; accidental injury is but very infrequently productive of it. But few cases of undoubted origin from exposure to cold are on record.

On the other hand, in a very large number of cases infective or zymotic influence is to be traced.

The membrane, even when chiefly laryngeal, is more often than not associated with some extent of a similar change in the pharynx or in the tonsils; and whether we have regard to the construction of the membrane, or to the constitutional state as evinced by the presence of albumen in the urine, it is not practicable to show an absolute line of demarcation (save what depends upon the position of the membrane) between the pharyngeal and laryngeal forms of the disease.

The facts before the committee only warrant them in the view that when it obviously occurs from a zymotic cause or distinct infection, and primarily affects the pharynx, constitutional depression is more marked, and albuminuria is more often and more largely present, though in both conditions some albumen in the urine is more frequently present than absent.

The most marked division indicated by the facts before the committee is that between membranous and non-membranous laryngitis.

The committee suggest that the term "croup" be henceforth used wholly as a clinical definition, implying laryngeal obstruction occurring with febrile symptoms in children. Their croup may be membranous or not membranous, due to diphtheria or not so.

The term "diphtheria" is the anatomical definition of a zymotic disease, which may or may not be attended with croup.

The committee propose that the term "membranous laryngitis" should be employed, for the avoidance of confusion, whenever the knowledge of the case is such as to allow of its application.

W. Howship Dickinson, Chairman.
C. Hilton Fagge.
Samuel Gee.
G. F. Payne.
H. G. Howse.
R. H. Semple.
W. S. Greenfield, Secretary.

NOTES AND EXTRACTS FROM THE INTRODUCTORY LECTURES.

ST. MARY'S HOSPITAL.

By R. FARQUHARSON, M.D.,
Assistant-Physician to the Hospital.

Culture and general information will matter little if we cannot do something for our patients, and if we cannot show him that we take a real interest in his case. What is often styled "humbug" may be nothing more nor less than the art of expressing sympathy and kindly feeling, and this gift of manner, as a real curative agent, should be recommended to the careful study of all young men."

So much then for our duty to society, a favourite theme, but we do not hear so much of the other side—the duty of society towards us. Now, in the first place, I hold most decidedly that some portion of the revenues of every solvent hospital should be devoted to the payment of the medical staff, who are really the mainstay of the institution. But if this be not practicable, the real workers of the place might at least obtain the compliment of an honorary seat at the Board of Governors. How strange and almost grotesque it seems, that whilst any one who can raise the requisite number of guineas can be admitted within the list, the medical staff, the real working element of the charity, are obliged to put their own hands in their pockets before they can make their voices heard within the committee of management. But if these payments cannot be spared, we may at least expect to meet with that cordial gratitude and deference to our expressed opinions, which may be even more valuable than pecuniary recompense. Human nature must be human nature, I suppose; but is it really necessary that our most conscientious suggestions for the relief of suffering humanity should be too often received in vestry halls, and governors' courts, and boards of guardians, with carping criticism and ill-concealed sneers? So long as we retail our own medicines, and so long as the "open surgery" is so suspiciously like a grocer's shop, so long must we expect to fall back from the altitude of deferenceso freely allowed to other professions. We will bear a good deal of grumbling, and perhaps join the chorus, about our social position, but here society is hardly to blame.

We must expect much annoyance from the special favour too often shown to quacks and irregular practitioners of all sorts. We will be reproached with the marvellous cures made by bone-setters, we will be accused of trades-unionism and jealousy and worse if we decline to meet homœopathists in consultation, or refuse to give ready credence to the replacement of a dislocated vertebra, or the marvellous cures of cancer effected at the Sangrado hospital.

Under these circumstances the *argumentum ad hominum* is very efficacious, and we have only to ask the clergyman who inveighs against our narrow-minded bigotry, how often he opens his pulpit to his Methodist brother, or the lawyer why he does not avail himself of the undoubted forensic abilities of Dr. Kenealy or Mr. Edwin James? Are we to be the only corporate body debarred from any code of professional morality, or social etiquette, or suspected of interested motives, if we venture to denounce the keen cunning which now, as ever, prays upon the weaknesses and follies of mankind?

WESTMINSTER HOSPITAL.

By CHARLES MACNAMARA, F.R.C.S.,
Surgeon to the Hospital.

Mr. Macnamara lamented the want of Colleges in the Metropolis, such as those existing in our older Universities, in which medical students (numbering not less than 2,000) could be brought under salutary discipline, and in which the various subjects which they have to study could be efficiently taught—the tutorial system of instruction being employed in place of that which exists at the present time. He proceeded strongly to urge on the members of the profession throughout the country to move in this matter, insisting on the fact that it was well within their power to raise funds to build three or four medical colleges in London, which would be self-supporting, and so to withdraw the students from the baneful influences attending their residence in lodging-houses. He believed that not only would the students derive great benefit from a college life, as compared with that which they now had to lead, but that in several instances the patients in our hospitals would derive advantage from the removal of medical schools from their immediate neighbourhood. Our hospitals had, as a rule, never been intended by those who founded, supported, or planned them, to have dissecting rooms, museums, and such like buildings attached to them.

When speaking of the public services, Mr. Macnamara observed after a long and successful career in the Bengal Medical Department, his vocation as a surgeon had brought him into intimate acquaintance with native gentlemen and also with their female relations, for a medical man after he had established a reputation in India was treated with the same confidence by Hindoo families as by his own countrymen and women, and so medical practitioners, being the only European gentlemen allowed to visit native ladies, became, perhaps, better acquainted with the existing state of feeling among the people of Bengal than any other Englishmen. He stated it was absurd talking about the necessity for sending out lady doctors to India because medical men were not admitted to attend native females. From his experience the condition of public opinion among the upper and middle classes in Bengal was far from satisfactory. Many natives admitted the benefits conferred by our rule, but they deplored the disorganised state of society in Bengal, the old families had almost disappeared, the sons and husbands of the educated and rising generation were largely addicted to drunkenness and vice of every kind; and the more thoughtful men and the vast majority of women (whose influence for good or evil was infinitely greater than most people supposed), contrasted this state of things with times when there was less security to life and property, less law, taxation, and education, but when the greatest slur that could attach itself to a man's name was that of being an undutiful son. Our system of education had broken down all faith in religion, and the outcome of a purely secular training has developed gross materialism and rank socialism, and so the necessity for suppressing the outspoken sentiments of the vernacular press, which, nevertheless, faithfully gave utterance to opinions he had heard over and over again for some years past among all classes of natives, and which he dreaded would one day break out into a revolt, in comparison with which the mutiny was a mere brawl. Nevertheless, so long as we held India, and the changes necessary for the reorganisation of the medical department were carried out in the judicious spirit advocated by Lord Northbrook as far back as 1873, there is no country where a young medical man in Government employ could succeed with greater certainty; but there, as in this part of the world, time and downright hard work could alone insure success.

Mr. Macnamara was not disposed to advise students to enter the British (Army) Medical Service under existing circumstances. He said there was an impression that the Commander-in-Chief, having sanctioned the scheme for the departmental system, was averse to any alterations in its principles; and so the report just issued by Lord Cranbrook's Committee deals with matters of detail rather than with the fundamental questions upon which many persons believe the future prospects of the service depend. Its ranks, however, are to be filled up, for if the scheme of the Committee is carried into effect, while retaining the spirit of competitive examinations, selection for admission into the department without examination will be permitted, through the nomination of candidates by the "medical teaching bodies;" if these authorities, therefore, make a judicious use of this privilege they may do much to improve the condition of the service. Mr. Macnamara entertained a better idea of the advantages offered to young medical men entering the Royal Navy for a limited period, and as a stepping-stone to general practice; but he counselled students absolutely to decline competitive examinations for admission into any of the Public Service, and thus to induce the Government altogether to abandon that injurious system.

MIDDLESEX HOSPITAL.

By ARTHUR W. EDIS, M.D., M.B., M.R.C.P. Lond.,
Assistant Obstetric Physician to the Hospital.

Premising that the medical journal had taken the place largely of introductory lectures, Dr. Edis, after devoting some time to a consideration of matters interesting to the student, proceeded to discuss several topics interesting in their relation to midwifery and diseases of women and children, which hitherto had met with chilling indifference and unmerited contempt.

The want of a distinct obstetric board or centre of education, and the conduct of the College of Surgeons in ignoring the subject, were entered into and lamented.

Dr. Edis then considered the question of preventive midwifery as regards the early detection of retroversion, miscarriages, extra uterine gestation, placenta prævia, external manipulation for detection of cross-births, twins, &c. The neglect of Government in taking no interest in the education of midwives, although some 687,000 of the poorer classes were annually dependent upon midwives for assistance in their hour of trial was commented on.

The inadequate accommodation in our Metropolitan hospitals for cases of diseases of women—there being only 155 out of a total of 4,280 beds—a proportion of 1 bed for every 12,000 of the female population of London, was noted and regretted. The excessive infant mortality—146 per 1,000 during the first year, or about 130,000 annually, was also noted, and the causes of it briefly considered, the importance of studying children's diseases being earnestly insisted on. A few words of exhortation and advice concluded the address.

CHARING-CROSS HOSPITAL.

THE DIFFICULTIES AND PLEASURES OF MEDICAL STUDIES.

By J. PEARSON IRVINE, M.D., M.R.C.P. Lond.,
Assistant Physician to the Hospital.

The difficulties which the study of medicine offered having been referred to by the lecturer at the opening of his address, he went on to speak of the pleasures of study, and said that even the mastering of dry details, such as anatomy and botany, might be made an object of interest. The difficulties of accumulating such details became sources of pleasure, provided that the student regarded the facts as stores from which his developing reasoning forces would draw in time all the more and more freely. Sometimes, indeed, this difficulty became absolutely dangerous by its attractions, for the brilliant man is apt to be run away, so to speak, by his imagination, and this to the neglect of facts. The difficulties of the student are well illustrated by the labours of the old masters in medicine. They knew that facts are the food of the busy intellect, and looked upon them as permanently subservient to its exercise. The student of medicine will find the difficulties of his study such as bring delights if he follows this example, and remembers that every fact he attains has a meaning and a purpose, and fits him to become an original thinker and worker, and the more and more fit to practise his future profession. It is impossible to conceive that anyone could find no attractions in the study of medicine, and it is certainly true that the miserable medical student and the gloomy practitioner are not very common, possibly because they find in difficulties their truest and most noble of pleasures. In referring to one difficulty in particular met with in the study of medicine—viz., the multiplicity of subjects—the lecturer said that this difficulty was not without its brighter side. It would be now absurd to attempt to teach the science and art of medicine without division into branches, but this division has not been made to specialise medicine—a careful examination of the system of medical study shows that reformers must have had a constant desire to make subject depend upon subject, and be in constant fear lest changes should interrupt that harmonious blending which is necessary to make a student a sound practitioner. The steady working student quickly sees the interdependence of the different branches, and at once his mind begins to enlarge and his reasoning powers improve. Science, in short, is a social qualification which is a great element of success, and the fact that it is so is satisfactory in one sense, for it proves that the medical profession has risen in the esteem of the educated world, and that the public demand that its members should be educated gentlemen. A student is taught that there is something in the study of medicine beyond a mere routine of questions and answers, something beyond a beaten track, something which points to near or congenial roads. He condemned the system of "cramming," and warned his hearers against drifting into a special line of study, to the neglect of their subjects generally, besides developing "specialties" which no man is fit to practise without a general knowledge of his profession, and which all with such knowledge are perfectly fit to practise.

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NOVELTIES.

MANTEGAZZA'S GLOBULIMETER.

This simple and ingenious apparatus consists of a cylinder for the reception of the blood, a turning disk, and a stearine taper. The cylinder is supplied with glass windows. The disk has five round openings at its periphery, which are numbered in order: No. 1 is blank, and is marked plethora; No. 2 has four blue glasses, and is marked average in man; No. 3, nine glasses, marked average in woman; No. 4, fourteen glasses, marked slight anæmia; No. 5, twenty glasses, marked anæmia. The observer looks at the flame of the taper through the openings in the disk and the blood in the cylinder, and the condition of the blood is determined from the number of blue glasses that must be used before the flame becomes invisible.

The following is the method of investigation, as described in the *Berliner klin Wochenschrift*, April 8th:—A small vein in the hand is opened, and one cubic centimetre of blood is drawn by aspiration into a graduated pipette and emptied into a glass containing exactly 96 grammes of a solution of carbonate of soda (one part soda to two parts water). This is stirred briskly for a few moments, and then poured into the cylinder. The disk is then attached to the cylinder, and the observer looks through opening No. 1 and the diluted blood at the flame of the candle, which is placed at a distance of one metre. The investigation must, of course, take place in a dark room. If the flame be invisible, the blood is plethoric; if visible, the observer turns the disk until opening No. 2 is before his eye, and so on until he can no longer see the flame. The inscription over the opening at which the flame becomes invisible gives the condition of the blood. For more exact investigation, a second disk or cylinder is supplied, on which any number of glasses, from one to forty, can be placed. As Prof. Mantegazza has determined, after careful and repeated experiments, that each blue glass corresponds to 125,000 red blood-corpuscles, it follows that the number of red corpuscles contained in a cubic millimetre of the given blood can be reckoned with great accuracy from the number of glasses required to hide the candle flame. The very slightest differences or changes in the blood of a patient can in this way be determined with but little expenditure of time and patience. For ready reference, Prof. Mantegazza has prepared a table giving the number of blood-corpuscles corresponding to each combination of glasses from one to thirty. The following will serve as an example of the table :—

0	glasses	5,625,000	red corpusles	Plethora
4	„	5,125,000	„	Aver. in man.
9	„	4,500,000	„	„ „ woman.
14	„	3,875,000	„	Slight anæmia.
20	„	3,125,000	„	Anæmia.
29	„	2,375,000	„	Intense anæmia.

THEVENOT'S GLOBULES.

M. Thevenot's invention will doubtless be as welcome to the patient as it is useful aud interesting to the medical man. By the use of thin layers of gum compressed and welded into the shape of small hollow spheres—an operation performed with marvellous ease and accuracy by steam machinery—the most unmanageable drugs are encased and dosed in all their freshness and pureness, and can be stowed away without fear of the slightest deterioration. Thus ether and even nitrite of amyl are imprisoned in their gum shells, and stand the test of years without evaporation. For some preparations of iron, which are liable to become useless by attracting moisture, for medicines of which exposure destroys the value, as well as for drugs like castor oil, cod-liver oil, turpentine, copaiba, &c., the smell and taste of which are so repulsive as often to make their administration impracticable, M. Thevenot's method is most useful. It is certainly entitled to the praise of the profession no less than to the gratitude of many invalids.

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IN THE LABORATORY.

PILL COATING.

We hear much of the relative value of various coverings for pills, and in America a sharp controversy has been waged on the subject. In France, the process of M. Raquin was reported upon to the Academy as long ago as June 22, 1837. That process consisted in covering the pills with a layer of gluten, which is said to pass unaltered by the saliva or gastric juice, but to be acted on in the intestines, and so allow the medicament to be absorbed. It is said that such medicines as turpentine, copaiba, &c., taken in this manner, are not eructated, and the digestion therefore is not interfered with. Pills and capsules thus coated are said to be superior to those covered with gelatine.

ANTIDOTE TO ARSENIC.

It has been noted by Rouyer that freshly-precipitated sesquihydrate of iron, although an antidote for arsenious acid (arsenic of the shops), fails entirely to counteract the action of arseniate of soda or arsenite of potassa (Fowler's solution), but that a mixture of a solution of the sesquichloride of iron and the oxide of magnesium will counteract the effect of these salts, as well as the arsenious acid itself, and hence this mixture is always to be preferred to the hydrate in cases of poisoning by arsenic. The officinal solution of the sesquichloride of iron should first be administered, and afterwards the magnesia. In one hour after the administration of the antidote, a cathartic should be given. In all cases acid drinks (such as lemonade) are to be avoided, since the compounds they form are soluble.

THE DETECTION OF PRUSSIC ACID.

A very simple method of showing that there is no free hydrocyanic acid in the kernels of peach, cherry, and plum stones, or bitter almonds, but that it is formed on heating the same with water, is given in the *Polytechniches Notizblatt.* A long strip of Swedish filter paper is soaked in the tincture of gum guaiacum (1 to 20) and dried. It is next passed through a solution of sulphate of copper in 2,000 of water, when the paper will not be changed at all in colour. A few freshly-pounded bitter almonds are put in a two-litre flask of water. On suspending in it the strip of test-paper above described, the paper will remain white, but, on pouring into the flask a single crushed bitter almond that has been *warmed* with water, the test paper will at once be coloured blue by the hydrocyanic acid generated in the flask, without bringing the paper in contact with the liquid.

CROTON ; CROTON-CHLORAL.

In reply to a correspondent, who asks how the name "Croton" has got into the term "Croton-chloral," and whether the latter is a hydrate or a salt, *New Remedies* writes :—Croton-chloral and croton-chloral hydrate, when first discovered, were found on analysis to bear a certain relationship to *crotonic acid.* This is a peculiar organic acid, which had previously been discovered in *croton oil.* Crotonic acid has the composition $C_4 H_6 O_2$ (= methacrylic acid) ; croton-aldehyde, a derivative of the preceding, is $C_4 H_6 O$; and croton-chloral, prepared by passing chlorine through the preceding, is $C_4 H_3 Cl_3 O$. The "croton-chloral," which was first prepared by Dr. Liebreich, by passing chlorine through ordinary aldehyde (derived from our common ethyl-alcohol), was at first supposed to have the composition $C_4 H_3 Cl_3 O$, and was therefore supposed to be identical with the above chloral derived from crotonic acid ; hence it was named croton-chloral. It has, however, since then, been proven that this compound has the composition $C_4 H_5 Cl_3 O$, and that it is, therefore, the chloral belonging to the butyl series, and therefore should be called *butyl-chloral.* Both the ordinary chloral (ethyl-chloral) and this butyl-chloral are used in medicine in the state of hydrate, namely :—

Ethyl-Chloral Hydrate (or
ordinary Chloral Hydrate) $C_2 H Cl_3 O. H_2 O$,
and Butyl-Chloral Hydrate (otherwise :
Croton-Chloral Hydrate) $C_4 H_5 Cl_3 O. H_2 O$.

This *might* be called a salt, because water here appears to play the part of an acid ; but it is not usual to do so.

TOOTH PASTE.

The following recipe, according to the *Canadian Pharmaceutical Journal,* forms an excellent tooth-paste, which retains its consistency and depurative qualities unimpaired for any length of time, and in any climate. It is advisable, when potting tooth-paste, to cover with tinfoil, parchment, or oleine tissue before putting on the lids ℞ Cretæ præcip., 16 oz. ; pulv. iridis, 4 oz. ; pulv. oss. sepiæ, 1 oz, ; magnesiæ carbon., 2 oz. ; moschi, 4 gr. ; Essen. bergamot, 2 drachms ; ol. cinnam. ver., 2 min. ; cochinill., 2 drachms ; syrupi simplicis, q.s. Ut fiat pasta dentis.

Mr. Lister succeeds the late Mr. Hilton as Surgeon Extraordinary to the Queen in London.

JOTTINGS FROM JOURNALS.

Operation for Phymosis by the Elastic Ligature.—At a recent meeting of the Société de Chirurgie in Paris, Dr. Hue, of Rouen, read a paper on a modification introduced by himself in the operation for phymosis. Instead of dividing the prepuce with a cutting instrument, he merely passes a needle through its dorsal surface close to the base of the gland, and ties the portion of skin in front of the puncture with an elastic ligature. The ligature cuts its way through in three or four days. The process is not painful, and the patients can, if necessary, continue their usual avocations. Dr. Hue has employed this process with success in eighty cases, which comprised both old men and children. He asserts that the result is very satisfactory from an æsthetic point of view; the gland remains half uncovered and retains its natural decoration unmarred by a scar.

How to Kill a Tapeworm in an Hour.—Kousso and kamala are expensive drugs, nauseous to the taste, not always effectual, and requiring several days to effect the death of the worm. Dr. Karl Bettelheim, of Vienna, narrates, in the *Deutches Archiv.* just received, a heroic method and nearly sure in the short space of time of three quarters of an hour to two hours. It is this: he inserts a tube in the œsophagus, to the stomach, and pours down from 200 to 400 grammes of a very concentrated decoction of pomegranate root, having previously had his patient fast for 24 hours. The worm is stupefied and patient, head and all, to a certainty; the patient has no sickness of the stomach, and no nauseous swallowing to do; and the drug is cheap.

Ununited Fracture of the Tibia Consolidated by Injections of Tincture of Iodine into the Centre of the Fracture.—Dr. Guyon, at the Hôpital Necker, after trying unsuccessfully for four months all means in a case of ununited fracture of the tibia, injected tincture of iodine with the happiest results. The fracture united completely six weeks after the treatment was commenced. Three injections were injected.

Carron Oil in Anal Fissure.—Carrere states, in *Annales de la Med. de Grand*, that in anal fissure he applies the mixture of lime and water and linseed oil, known as Carron oil, and so commonly used in burns. He applies it several times daily, and in all cases has obtained a cure at the farthest in eight days.

Ergot in Trichina Disease.—Dr. Rhode relates, in the *Berliner Klin. Woch.*, a case of trichinosis in which severe bleeding of the nose occurred, and in which he prescribed extract of secale cornutum as a styptic. The hæmorrhage was immediately arested, and with this rapid improvement of the general symptoms also occurred. This result led him to prescribe ergot in other cases of the disease; and in all instances distinct improvement followed. He believes, therefore, that we have, perhaps, in ergotin a means of treatment which, without having any marked effect on the human economy, may prove fatal to trichina and their offspring.

Similia on a Rampage.—A Chicago homœopathic doctor reports in the *New York Homœopathy Times*, a case of renal calculus which refused to yield to nux vomica, colocynth, and other remedies, though they were given, we suppose, in doses potentially annihilated after the orthodox formula of Hahnemann. The patient being "frantic with pain," he "gave moderately of chloroform," and then a grain of morphia at a dose! After this she rested quietly for a time, but only for a time. A tobacco poultice (similia?) relieved the strangury. He next inserted a catheter with an aspirating syringe attached, and pumped out the bladder. He adds: "I continued the pumping process, exhausting the bladder and producing a partial vacuum, with perhaps from three to five pounds pressure, when suddenly the patient made a quick, sharp outcry and said, "There it comes, thank God!" The calculus was drawn into the bladder. This is all very good, and the process, which he compares to sucking an oyster out of its shell, may be worthy of further trial. But we fail to see where the "simila" comes in. He pumped the wrong way for homœopathy.—*Pacific Medical.*

Atropia in Morphia Poisoning.—In the *Cincinnati Lancet and Clinic* Dr. Shipman records a case in which some morphia was given to a child, æt. 6, in mistake for quinine, and in which complete narcotism had taken place before the mistake was discovered. Atropia was administered by hypodermic injection. In less than twenty minutes a marked effect was produced on the pupil. This, with frequent injections of strong coffee per rectum, constituted the treatment, and in twenty-four hours after the poisonous dose had been taken, Dr. Shipman had the pleasure of seeing the little patient out of danger.

Enuresis. — Dr. Kelp (*La Presse Medicale*) treated this affection very successfully with the hypodermic injection of the nitrate of strychnia. The salt was injected in the neighbourhood of the sacrum; and on one occasion a small dose was sufficient to arrest the disease for a time. When it returned, the injection was repeated. His last case was that of a young woman, æt. 18, who was troubled with this affection every night for several months after an attack of scarlet fever, and in spite of every precaution she took to prevent its occurrence. The first injection of strychnia procured for her some rest for several nights. This treatment was continued until the cure was complete. The patient was otherwise strong and in good health, and had never suffered from the affection before.

Therapeutic Action of Iodoform.—Dr. Moleschott states that he has used iodoform with good result in the treatment of exudation into the pleura, pericardium, and peritoneum, and of the acute hydrocephalus of children. He generally applied it in the form of ointment (one in fifteen of lard) or with elastic collodion (or one in fifteen of collodion). Large glandular swellings were caused to disappear under the use of the iodised collodion. It was found useful as a means of assuaging pain in gout, neuralgia, and neuritis. Syphilitic myocarditis was cured by iodoform inunction, combined with the internal use of the drug in doses of from three-fourths of a grain to a grain and a-half daily. Iodoform appears to act like digitalis upon the heart, increasing the strength and reducing the frequency of its beats, and was hence used successfully in uncompensated valve disease. It action depends probably on its ready decomposition, by which the iodine in the nascent state is brought into action upon the tissues.—*Wiener Medicin. Wochenschrift.*

Fifty-two Successful Cases of Lithotomy.—Dr. Alan P. Smith, of Maryland, reports that he has performed lithotomy fifty-two times, and in each instance without a fatal issue. Of these, sixteen were below five years of age, thirteen between five and ten years, eleven between ten and twenty years, five between twenty and forty, and seven between forty and seventy-five; four were below two years, and one was only twenty-one months old. Of the whole number, there were only two negroes—the youngest and the oldest. In every case but six the operation was performed with the lithotome of his father, the late Nathan R. Smith. The cases were not selected; in fact, Dr. S. operated whenever the opportunity offered, with one exception, when the patient was brought moribund into the hospital. Certain rules have always been observed, which he thinks may have had some influence in determining the result. He never operates when the barometer is low, but waits until the weather is bright and clear. During the first twenty-four hours he sees the patient at suitable intervals, and introduces the gum catheter if the urine does not pass off freely through the cut. This he finds rarely necessary in young subjects, while adults usually have retention for that period of time. He makes a very free incision through the skin and subcutaneous connective tissue, so that there shall be no pocket in which blood, pus, or urine may collect. After the operation he applies carbolised oil to the wound freely. Most of his success, he attributes, however, to the use of the instrument conceived by his father.—*Trans. of the Med. and Chir. Faculty of the State of Maryland*, 1878.

Ergotine in Diseases of the Bladder.—Dr. Molfese, in the *Cirillo*, of May 5, 1878, calls atention to the results of the internal use of ergotin in cases of paralysis of the bladder, hæmorrhage, &c. He relates three cases. In the first a priest, aged eighty-six, was suddenly attacked with retention of urine. After this condition had lasted thirty-six hours the urine was drawn off by a catheter. It was turbid, and contained mucus and pus, and, eight days later, blood in large quantity. Injections of alum, nitrate of silver, and sulphate of zinc produced no effect. Dr. Molfese then ordered a spoonful of the following mixture every half-hour: Bonjean's ergotine, 1 gram; water 100 grams; syrup of orange-peel 50 grams. Injections of a very dilute solution of salicylic acid were also given. In eight days the blood had completely disappeared from the urine. The catheter was used for some days, and after treatment for a month the patient was cured. In the second case a man, aged seventy-two, had retention of urine, which contained mucus, pus, and blood. After the use of ergotine for twenty days the bladder regained its power. The third case was that of a man, aged fifty-one, who had twice suffered from gonorrhœa, specific ulcer, and suppurating bubo. For two months he had been unable to retain his urine. After the use of ergotin for ten days the incontinence had nearly disappeared, and at the end of fourteen days the patient was cured.—*Medical Record.*

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NOTES, NEWS, AND GOSSIP.

Royal College of Physicians.—The Harveian Oration will be given next year by Dr. Wilks; the Croonian, Lumleian, and Goulstonian Lectures, by Drs. Bristowe, Stone, and Curnow respectively.

Royal College of Surgeons.—The Hunterian Lectures will be given by Mr. Jonathan Hutchinson.

Harveian Society.—The Harveian Lectures will be delivered by Dr. Hughlings-Jackson.

Inspector-General Barry, Army Medical Department. It has often been said that this officer was proved after death to be a female. The statement is now contradicted after being disseminated in all directions.

Diagnosis of Pregnancy.—Dr. Goodell calls attention to the following sign of pregnancy:—"When the neck of the uterus appears to you as hard as the end of your nose, pregnancy should not exist; if it appear to you as soft as your lips, the uterus probably contains a fœtus."

Ovariotomy by a Female Doctor.—The first case of ovariotomy by a woman on the Pacific Coast has been lately performed in this city by Mrs. Charlotte B. Brown, M.D. It has proved an eminent success, and the patient has entirely recovered.—*Pacific Medical Journal.*

Murderers.—Some people do not understand how newspapers manage to print pictures of murderers so soon after the murder takes place. Although it is a secret of the business, we must be generous to our readers and say that all the cuts of proprietors of patent medicines that come into a newspaper office are saved.—*White Mountain Echo.*

New Use for Lemon Verbena.—The *Scientific American* remarks that the well-known fragrant garden favourite, the sweet-scented or lemon verbena (*Lippia citriorida*), seems to have other qualities to recommend it than those of fragrance, for which it is usually cultivated. The author of a recent work, entitled "Among the Spanish People," describes it as being systematically gathered in Spain, where it is regarded as a fine stomachic and cordial. It is either used in the form of a cold decoction, sweetened, or five or six leaves are put into a teacup, and hot tea poured upon them. The author says that the flavour of the tea thus prepared "is simply delicious, and no one who has drunk his Pekoe with it will ever again drink it without a sprig of lemon verbena." And he further states that if this be used one need "never suffer from flatulence, never be made nervous or old-maidish, never have cholera, diarrhœa, or loss of appetite."

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DEATHS.

Albury.—Sept. 23, at Lime Place, Higher Broughton, Manchester, William John Albury, L.R.C.P.Ed., aged 42.

Borthwick.—Sept. 29, at Dumfries, Alexander Borthwick, M.D.

Branwell.—Sept. 23, at Montpelier Place, Brighton, Richard Branwell, M.R.C.S.E.

Burgess.—Sept. 21, at Glastonbury, John Henry Burgess, Surgeon, aged 88.

Burroughs.—Sept. 16, at Clifton, John Beames Burroughs, F.R.C.S., aged 72.

Campbell.—Sept. 27, at Richmond Grove, Manchester, Wm. Blackadder Campbell, Surgeon.

Clark.—Sept. 12, at Birkheads Lodge, Wray Park, Reigate, Fredk. Cheesman Clark, M.R.C.S.E., aged 28.

Colquhoun.—Sept. 24, at The Anchorage, Bothwell, Hugh Colquhoun, M.D., aged 76.

Davis.—Oct. 13, at Brentford, Edward Davis, M.R.C.S.E., aged 56.

De Vitre.—Oct. 4, at The Elms, Lancaster, Edward Dennis De Vitré, M.D., aged 72.

Derington.—Oct. 5, at Minehead, William Derington, M.R.C.S.E., aged 68.

Dolan.—Oct. 10, at 32 North Parade, Halifax, Edith Mary, younger child of Dr. Dolan, aged 11 months.

Eades.—Sept. 26, at Morar, Gwalior, N.W.P., India, Amelia, the beloved wife of Surgeon-Major Eades.

Enright.—Oct. 2, at Castlematrix, Rathkeale, Thomas Enright, M.B. Univ. Dub., L.R.C.S.I.

Enright.—Oct. 7, at Castlematrix, Rathkeale, Cornelius Roche Enright, L.R.C.S.I., L.K.Q.C.P.I.

Farr.—Oct. 2, at Dunstable, Bedfordshire, Frederic Farr, M.R.C.S., suddenly, aged 56.

Firth.—Oct 14, at St. Giles, Norwich, George Warren Watts Firth, F.R.C.S.E.

Fosbrooke.—Oct. 8, at Arnold Street, Liverpool, Frederick James Richard Fosbrooke, L.R.C.P.Ed., aged 32.

Galt.—Sept. 27, at Ashton-under-Lyne, John Galt, F.R.C.S.E., &c., aged 68.

Given.—Oct. 5, at Blessington, co. Wicklow, M. Given, L.K.Q.C.P.I., aged 27.

Haigh.—Sept. 7, at Scarborough, Henry William Haigh, F.R.C.P.Ed., aged 44.

Hull.—Oct. 17, at 89 Holland Road, Kensington, George Hull, M.D., F.R.C.S.Edin.

Jephcott.—Sept. 29, at Foregate Street, Chester, Samuel Thomas Jephcott, M.D., aged 50.

Lomax.—Oct. 4, at Cleethorpes, William John Lomax, M.R.C.S.E., late of Lincoln, aged [illegible]8.

McLachlan.—Oct. 5, at Worthing, Robert McLachlan, L.R.C.S.Ed., of Shelf, Yorkshire.

Martin.—Oct. 3, at Weston-super-Mare, Edward Martin, M.R.C.S.E., aged 55.

Massey.—Sept. 27, at Tobercurry, co. Sligo, David Clements Massey, L.R.C.P.Ed., aged 29.

Menzies.—Sept. 20, at sea, between Cyprus and Malta, Robert Menzies, L.R.C.S.I., Surgeon-Major, Army Medical Department, aged 47.

Mitchell.—Sept. 11, at Kingston, Surrey, Samuel Mitchell, M.R.C.S., aged 83.

Parker.—Sept. 17, at Cavan, William H. Parker, L.K.Q.C.P.I.

Phillips.—Sept. 29, at Balleygawley, co. Tyrone, Samuel Phillips, M.D., aged 59.

Purcell.—Sept. 23, at 71 Harcourt Street, Dublin, Geoffrey C. Purcell, Staff Surgeon A.M.D.

Rathborne.—Sept. 12, at Virginia, co Cavan, Charles Atkinson Rathborne, M.D., R.N.

Rix.—Oct. 1, at St. Neot's, Joseph Rix, M.D., aged 74.

Roberts.—Sept. 29, at Southernhay, Exeter, Arthur Copleston Roberts, M.R.C.S.E., aged 30

Robinson.—Sept. 26, at Armagh, Alexander Robinson, M.B., F.R.C.S., for 50 years Surgeon of the Armagh County Infirmary, aged 79.

Sherman.—Oct. 3, at his residence in Rotherham, E. J. Sherman, M.D., F.R.S.E., in his 81st year.

Smith.—Sept. 7, at Kilburn, George Roche Smith, M.R.C.S.E., late Surgeon to the 7th Hussars and 2nd Queen's Royals, aged 75.

Steele.—Oct. 9, at 54 Rodney Street, Liverpool, Arthur Browne Steele, L.K.Q.C.P.I., M.R.C.S.E., aged 58

Watson.—Sept. 27, at Langley House, Slough, James Watson, M.D., F.R.S.E., of Circus, Bath, aged 86.

Young.—Sept. 22, at Clyde Street, Helensburgh, Gavin Young, L.D.S., R.C.S.E.

THE DOCTOR.

LONDON, DECEMBER 1, 1878.

Multum in parvo.

CHRONICLE.

LAPARO-ELYTROTOMY, A SUBSTITUTE FOR CÆSARIAN SECTION.

Dr. Hime (Lecturer on Midwifery and Diseases of Women, Sheffield) reports in the *Lancet*, Nov. 9, the first European case of this operation. The patient, a primapara, was suffering from cancer of the recto-vaginal septum, owing to which the vaginal outlet was reduced to about two inches. Fæces were passed by the vagina, and the patient was reduced by vomiting and diarrhœa, and intermittent hæmorrhages. When seen on July 14, she was in labour at full term, but the pains had ceased for some time, the os being fully dilated, the child's head above the brim, and the child alive. The patient was removed to the Women's Hospital, and the same evening Dr. Hime operated. Owing to an accident, antiseptic measures could only be partially employed. The patient was chloroformed, and an incision was made through the abdominal wall in the direction of a line drawn from the spina ilium ant. sup. sinist. to the spina pubis. The peritoneum, which was much more ample than in non-pregnant persons, having been reached, it was drawn upwards without being wounded; a blunt probe was passed up the vagina, and by it the upper part of the vaginal wall was pushed into the bottom of the wound, where it was seized by hooked forceps, and then divided. The hand having been passed through the opening thus made, came out at once on the dilated os uteri, which was occupied by the bag of waters and the child's head. Turning was rapidly effected, the child being delivered through the incision in the groin, and the placenta followed spontaneously. No more blood was lost than in an ordinary labour during the operation, which lasted about twenty minutes. The patient, who nearly went off twice owing to the chloroform, was very violent after the operation, and had to be held down in bed. She was rallying when, after a couple of hours, she unexpectedly sat up in bed, but soon grew livid, and sank dying (evidently from cerebral anæmia).

At the autopsy (at which Dr. Hime demonstrated the operation to his class), the peritoneum, uterus, and bladder were found uninjured, and the upper part of the vagina, as well as the uterus, free from cancer. Dr. Hime discussed the merits of laparo-elytrotomy as compared with craniotomy and Cæsarian section. As compared with the latter, he says: "it avoids almost all the capital dangers of Cæsarian section, and is not more difficult. The wound is much less extensive, the peritoneum and uterus are not wounded at all, nor is the abdominal cavity exposed to danger from infective fluids, cold or mechanical injury; the danger of hæmorrhage is much less, the shock is less, and the delivery of the child is quite as easy. As compared with craniotomy, this operation is simplicity itself, and the results hitherto obtained much better, being absolutely good for the child, and for the mother most salutary results have also ensued." Dr. Hime adds, in conclusion, "considering the easy nature of this operation, the certainty of saving the child, and the strong probability of saving the mother, it is a question how far craniotomy will ever again be justifiable, and whether Cæsarian section should not drop into oblivion." Should the peritoneum be accidentally opened the wound will be much less than in Cæsarian section, and will be most favourably situated to favour the escape of any blood, &c., from the abdominal cavity. The child was alive five months after the operation.

RATE OF SECRETION OF URINE.

Quincke finds, contrary to a natural supposition, that while there is a diminished secretion of urine during sleep, the reverse takes place immediately after waking, and that for some time afterwards more urine is secreted than during any other similar period of the twenty-four hours. Quincke is unable to furnish a reason for this peculiar phenomenon. Is it not closely related to the period of taking liquid, the amount taken, and the effect of exercise in dressing after the repose of the night?

ERGOTINE IN OCULO-PALPEBRAL INFLAMMATIONS.

Planat (*Le Courrier Méd.*) speaks of the influence of ergotine used topically in these inflammations. He uses a solution of 1 in 20 in glycerine or rose-water, and drops in 6 to 10 drops every two hours. Generally two to three days are sufficient in which to effect a cure of even the most severe cases. Besides dropping it in, he also covers the eyes with a linen rag soaked in the solution.

BROMO-HYDRATE OF QUININE AS AN ANTI-PYRETIC.

Esquerdo and Cahis (*Independ. Méd.* and *Courrier Méd.*) found this salt reduce the temperature in typhoid 4 to 6 degrees (F.), given in doses of 50 to 70 centigrammes (7 to 10 grs.). It has also been used in phthisis.

APIOL IN THE TREATMENT OF AMENORRHŒA AND DYSMENORRHŒA.

Apiol, the active principle of parsley, discovered by Jaret and Homolle in 1855, is an oleaginous amber-coloured liquid, soluble in water in any proportion, of an acrid taste. It may be given in capsules. According to Marotte, of La Pitié (*Mouvement Médical*), it brings on the menses, regulates menstruation, and calms the pains by which it is often accompanied. It has no action on the pregnant womb.

PROCEDURE TO DISCOVER SPERMATOZOA IN THE URINE.

Rouviere (*La France Médicale*) gives the following:—In summer cover the urine (in a bottle) with a layer of benzine (to prevent decomposition). In winter this is not required. Let it remain at rest for twelve hours. Decant the greater part, leaving the muddy bottom part. Mix with this about 1-12th of its volume of sulphuric ether in a test-tube; shake violently. In a few minutes the ether rises to the top of the liquid, carrying the spermatozoa with it, and can be drawn off with a pipette for examination.

TINCTURE OF MYRRH IN WHOOPING-COUGH.

Petel (*Le Mouvement Médical*) recommends this treatment, combined (though not necessarily so) with cinchona wine, and also with any other treatment necessary for the complications.

CHOLERA—IMMUNITY OF WORKERS IN COPPER.

Burq (*L'Abeille Médicale*) believes in the complete immunity of such workers. The system must be impregnated with the metal.

ELEPHANTIASIS ARABUM IN FRANCE.

Guibout (*L'Abeille Médicale*) publishes an interesting case.

THE PHYSIOLOGICAL EFFECT OF NITRATE OF PILOCARPINE, AND ITS THERAPEUTIC EFFECT IN DISEASES OF THE EYE.

Grandmont (*La France Médicale*) has used this salt of pilocarpine (the extract of jaborandi—*Pilocarpus pumatus*) over 150 times in man, and repeatedly in animals. He quotes Metanas, who says : "Pilocarpine appears likely to render great services in rheumatic ocular affections, complicated by troubles of the vitreous body." "It is likely," he adds, "to be useful by promoting resorption of exuded material."

In his experiments, Grandmont found that 2 centigrammes (1-3rd grain) of the salt produced, *in one minute*, a feeling of heat mounting to the face, which became highly flushed. In less than two minutes, a desire to spit, elevation of temperature, followed by a greater fall in it, as the sweats became more abundant, and acceleration of the pulse. These phenomena continue about an hour. The relative quantity of the blood globules increases in proportion to the amount of sweat.

The sphygmographic tracings show that there is entire paralysis of the vaso-motor nerves.

The phenomena are more rapidly produced than by jaborandi itself.

Williams (*Gaz. Hebd.*) prefers eserine, or chlorohydrate of pilocarpine, in ulceration of the cornea, to atropine, as tending to relieve photophobia. He also uses it in mydriasis and diphtheritic paralysis of accommodation. He looks on the action of the two drugs as nearly similar.

MURIATE OF PILOCARPINE IN CHILDREN'S DISEASES.

Demme (*Presse Méd. Belge*, and *Medicina Contemp.*) has used it by hypodermic injection in the following doses:—5 milligrammes in children of a few months to two years; 7½ milligrammes to 1 centigramme above two years, according to strength; from the seventh to the twelfth year, from 1 to 1½, or augmented dose by dose, to 2½ centigrammes. Generally, only one injection was given daily; but in several cases of scarlatinal nephritis, with anuria and uremic attacks, two to four injections of 1 centigramme each were given in the twenty-four hours.

These injections were well supported among 33 children, except in two cases—one a child of five years, who, after each injection of 5 milligrammes (1-13th grain), was seized by vomiting, paleness, and feebleness, lasting about twenty minutes; the diaphoretic and sialogogue action of the drug was incomplete. In the other (a case like the first, of scarlatinal nephritis), in a girl of seven years, she suffered from convulsive yawnings after each injection, and sobbing, while the therapeutic action was also incomplete, as in the other case. Half-a-teaspoonful of brandy in water, given before the injection, nearly removed these unpleasant symptoms, and caused the diaphoretic and sialogogue action to be much more complete.

In all the other cases there were no secondary effects. The diaphoretic action was most decided in children beyond five years of age; the sialogogue, in those of one to two years.

The action increases in intensity for ten to fifteen minutes, persists for twenty to forty, or even up to sixty; then decreases, little by little, and persists for a few hours.

The temperature was lowered during the diaphoresis. In two cases there was increased diuresis.

"Pilocarpine," Demme says, "surpasses in promptitude all other methods for obtaining abundant diaphoresis, and is less dangerous than hot baths. As the injections can be repeated several times daily without losing their effect, an enormous amount of transudation can be made to disappear rapidly in urgent cases."

Demme has used it in parenchymatous nephritis following diphtheria, with equally good effect. In two cases of dropsy, with badly compensated valvular lesions, they had only a palliative effect, but there was no unfavourable action on the cardiac activity.

He also used it in three cases of broncho-pneumonia, with dry hard skins. The diaphoretic action was complete, and at the same time, there was an abundant and durable secretion of mucus into the respiratory passages.

He also used it with advantage in convulsive cough, poly-arthritis, erysipelas of the face, and acute epidemic paralysis.

In connection with this subject, Kahler states of jaborandi, and Leyden of pilocarpine, that in moderate doses they produce diminished blood pressure, with increase (secondary) in the rapidity of the pulse. By large doses the pulse is retarded, and the blood pressure first lowered, then increased. The slowing is caused by an exciting, action opposed to, but feebler than, that of atropine.

For internal use he prefers subcutaneous injections of 24 milligrammes (as a maximum). He used it in diabetes mellitu, without effect; but in diabetes insipidus it reduced the urine to about one-third in three days. He recommends it in bronchitis, chronic dry catarrhs, parotitis occurring during infectious diseases, and mumps; and also suggests its use in rheumatism, recent neuralgia, dropsy, without cardiac debility (such debility contra-indicating its use), chronic metallic poisoning, hydræmia, and nephritis uræmia.

BLOOD-LETTING.

In the *Lancet* of November 2, is an interesting clinical lecture on this subject by Professor Wharton Jones, who thinks that it is time to consider whether by the prevailing abstinence from venesection, inflammations of important organs are not often allowed to run a prolonged and disastrous course, which might be prevented by the timely abstraction of blood in such quantity that the loss of it could not be injurious to the patient. Mr. Wharton Jones is not alone in his opinion, which he ably supports by reference to his own specialty. But beyond the domain of ophthalmic surgery, similar favourable results could be obtained, and the last few years have every now and then witnessed competent observers lending their voice to the advocacy of a return to the practice of occasional moderate blood-letting. The indications so familiar to our youth, are laid down by Mr. Jones in terms that vividly recall the practice of the last generation; and although it is to be hoped we shall not, by a violent reaction, pass again to the other extreme, it seems time to revise our views, or at any rate to re-examine the results of our predecessors, practice.

The argument might be extended to other active measures. The word antiphlogistics is now seldom heard, and the means it included are so little resorted to in numerous cases, that we doubt not much preventible mischief often results. The public, too, has become so embued with the necessity of support and stimulants, that we see the simple antiphlogistic diet and regimen regarded with horror, even by those invalids who have manifestly strong constitutions, and have been over-feeding.

It is thus not uncommon to see cases which have been "kept up" by full diet, including wine or beer, getting worse, or at any rate not improving under the medicines which are trusted to cure them; which on a change to the "lowering" system of our youth, at once put on a new aspect. We are by no means sure that there is not now as much high living and as much need of reducing as ever.

OIL OF AMBER IN ANGINA PECTORIS.

Dr. A. R. Finck strongly recommends in the *Phil. Med. Times* (Oct. 26), four to six, or if need be eight to twelve drops of oil of amber, not only in angina, but in neuralgic pain in the cardiac region—without reference to functional or organic disease of the heart. The medicine is recommended only for the neuralgic element, no matter how associated or excited, except, however, that it is a stimulant, and not thought appropriate in sthenic cases, in active aneurism, or in ventricular dilatation with much hypertrophy. Dr. Finck relates some cases in which the amber gave speedy relief—one in which several times on its omission from a mixture on account of its taste, the patient begged to have it again. It can be given on a knob of sugar or in mixture. M. Thevenot might let us have some globules of it; they could be easily taken. It may be repeated three, four, or five times in the twenty-four hours, and in one case, Dr. Finck continued it for months. In hysterical angina also, and in the fixed pain that is the agony of deep grief, he has known it to give relief. He thinks in painful affections there is no real progress until the pain is subdued, and as narcotics are so often bad in cardiac cases, oil of amber will be welcomed.

PSEUDO-MEMBRANOUS LARYNGITIS.

Dr. Charles B. Vancrede read a paper "On the Course, Pathology, and Treatment of Pseudo-membranous Laryngitis" at a late meeting of the Philadelphia Pathological Society. The paper was mainly directed to the solution of the questions: "Why and when tracheotomy should be performed?" His remarks extended equally to pseudo-membranous laryngitis and diphtheritic croup.

The conclusions drawn were, viz.: 1. That tracheotomy does not in itself appreciably add to the gravity of the case, as is shown by the results of the same operation when done for the removal of foreign bodies. 2. That tracheotomy does not cause the broncho-pneumonia, so often occurring after the operation, but, on the contrary, removes all the mechanical causes which both chiefly produce and, when originated, aggravate this complication. 3. That when all other remedies fail to afford relief, the case progressing from bad to worse, and when nothing beyond the main divisions of the bronchi seem to be involved, it is *our imperative duty* to perform tracheotomy. 4. That even when, from the auscultatory signs, the lungs seem to be involved, if the other symptoms do not indicate an unusually favourable condition, death being clearly imminent from suffocation and not from deficient aeration caused by pseudo-membranous bronchitis, the operation should not be refused, since auscultatory signs have been proven very uncertain *before* tracheotomy. 5. That all these conclusions are propounded with these two provisos, viz., that the operation be skilfully performed, and, *above all*, that the after-treatment be properly conducted; otherwise the operation, instead of affording relief, hastens death.

REMOVAL OF A NASO-PHARYNGEAL POLYPUS BY THE TEMPORARY DEPRESSION OF BOTH UPPER JAWS.

Prof. Tiffany, in the *Transactions of the Medical and Chirurgical Faculty of the State of Maryland*, 1878, relates a successful case of this novel operation. C. S., a mulatto, entered the hospital with a polypus growing from the base of the skull, occluding the right nostril. The growth was removed by a wire passed around the base, but returned again in four months. It filled the posterior naso-pharyngeal space, and was attached to the internal plate of the right pterygoid process, its internal and posterior aspect, and to the adjacent basilar process. As the tumour was large, it was decided to depress the two upper maxillary bones, and to perform a provisional tracheotomy. While the patient was being etherised, when the stage of muscular relaxation came on, the tumour sank down, closing the opening of the trachea. Raising the tumour caused it to bleed, and, asphyxia being imminent, the patient was stood upon his head while the trachea was rapidly opened, liberating an ounce or so of blood. A tube was then inserted, and further interference postponed for the time. Six days later the operation was resumed. To prevent the entrance of blood into the air-passages, a bit of sponge with a piece of silk attached to it was passed into the opening of the larynx. "An incision was carried down on either side of the nose, at the juncture of the nose and cheek, then around the ala and through the middle line of the upper lip into the mouth. The cheeks were then freely dissected from the upper jaws as high as the nasal bones, infra-orbital foramena, and malar bones. The nose was separated from the upper jaws, and turned up towards the forehead. A fine saw was then made to cut each jaw from the malar process into the middle meatus of the nose, passing just beneath the infra-orbital foramen, upward and inward. The posterior wall of the upper jaw, when in contact with the pterygoid process, was not divided, lest the superior palatine artery should be injured. The septum of the nose and the vomer were cut with strong scissors. Both upper jaws were strongly depressed and sank down, hinging upon the pterygoid processes." The tumour was well exposed, and the pedicle divided by Paquelin's cautery, and the root of the pterygoid process together with the basilar process thoroughly scraped with the hot curved knife of the same instrument. Bleeding points were touched with the same cautery, and chloride of zinc in crystals was thoroughly applied to the bone from which the tumour grew. The jaws were replaced and held in position by a loop of wire passed through the cheeks near the outer angles of the orbits and joined above the forehead by a rubber band. A celluloid plate was then adapted to the teeth of the upper jaws and grooved, so as to hold the wire securely. The cheek flaps were then united to each other, and to the nose by sutures. Finally, the sponge was withdrawn from the larynx. The tumour was between three and four inches long, pear-shaped, and six inches in circumference half an inch from the lower end. The incisions were made as a Cheever's operation, which was fatal after one hundred and twenty hours. Dr. T. calls attention to the advisability of tracheotomy in these cases, and the use of a sponge instead of Trendelenberg's apparatus, which is clumsy and has no advantage over the former.

DIABETES MELLITUS CURED BY EXTRACT OF NUX VOMICA.

Two cases are reported by Dr. Eug. Zarzana, in the *Gazzetta Medica di Roma*. The first patient, a woman, had been passing a large quantity of water for three years; she was very weak, her sight was affected, and her thirst was great. At the time the treatment was begun, she was passing twelve Roman livra of urine in the twenty-four hours; it was not albuminous, but contained a large quantity of glucose. At first she was given daily three-quarters of a grain of the alcoholic extract of nux vomica, dissolved in 3 ozs. of distilled water, and the dose was increased by three-quarters of a grain every three days, until she was taking 4½ grains per diem. Under this treatment the quantity of urine diminished, and it became very acid, flocculent, and coloured by biliary pigment. At the same time glucose diminished until only traces of it could be discovered. The general symptoms improved, and the patient was restored to her previous good health. The second patient was a large, robust man, seventy-two years of age. During eleven hours he passed two Roman livra and eight ounces of urine, which was rich in urates and albumen. Under the use of the nux vomica, the glucose gradually diminished in quantity and finally disappeared entirely.

MIGRAINE.

Dr. Schartzke (*Berliner klin. Wochen.*) speaks highly of salicylate of soda in the treatment of nervous migraine. He gives at the onset of the headache, thirty grains of the drug dissolved in half a glass of sugar-water.

SYPHILIS OF THE TRACHEA AND BRONCHI.

A. Vierling reports a case of this character (*Deutsche Archiv. f. k. Med., St. Petersb. Med. Wochenschrift*) in a man, aged 44, who died with the symptoms of tracheal stenosis six years after syphilitic infection. Section showed an extensive ulceration from about the middle of the trachea to the bronchi of the third order, with exposure of the cartilages, cellular infiltration of the mucosa and cicatricial strictures. The lower lobes presented nothing abnormal but a peculiar whitish appearance; they were void of air, compact and heavier than normal, so that a resemblance to the so-called white syphilitic pneumonia of the new-born could not be mistaken. From a careful comparison of these with the remaining 45 similar cases recorded, we find that although the larynx may be free, it is affected in the majority of cases, also, that the bronchial mucous membrane is very seldom affected alone. In two cases there was a perforation through the left bronchus into the pulmonary artery. The author advises us to treat long-continued cases of tracheal and bronchial catarrh in syphilitic subjects in great caution, and to early give the patient the benefit of an antisyphilitic course. Little can be done for stenoses situated low down, and tracheotomy has in the majority of cases only anticipated the fatal termination.

STRICTURE OF ŒSOPHAGUS.

Prof. Thiersch (*Allg. Med. Cent.-Zeit.*) has been convinced by the examination of some preparations in the Leipsic Museum that the chief difficulty in passing a sound through a strictured œsophagus is due not to the narrowness of the stricture, but to the fact that three or four strictures, separated by two or three centimetres of normal mucous membrane, exist one over another. The bougie usually slips through the first one, easily, but is arrested by the second, because the opening lies eccentrically, and not centrically.

INTERNAL AND EXTERNAL USE OF PERUVIAN BALSAM.

Dr. E. Wiss, in the *Deutsche Zeitschr. f. pract. Med.*, No. 34, 1878 (abstracted in the *Allge. Med. Cent.-Zeit.*, Aug. 31, 1878), recommends the balsam internally in an emulsion.

℞. Bals. Peru., ℥ss.;
Mucil. acac., ʒj.;
Vitel. ovi unius;
Aq. dest., ʒxiij.;
Syrup cinnamon., ℥ij.

Sig. Ft. emulsio. Dose a teaspoonful.

In the chronic pulmonary catarrh which commonly ends with appearances of phthisis, patients tire of treatment, but they sometimes again present on account of subacute affections of the mucous membrane.

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TOPICS OF THE TIME.

DIALYSED IRON.

Although we have more than once commented on the various opinions which have reached us respecting dialysed iron, it seems needful once more to refer to the subject in consequence of some additional contributions. Foremost among these is a very practical paper in the *Pharmaceutical Journ.*, Oct. 12, by Mr. A. H. Jackson, who details some experiments with three lots of solution.

Lot A was a sample of *completely* dialysed iron, made in the usual manner, so as to give a reliable article for analysis. The details of its preparation show the gradual manner in which hydrochloric acid is eliminated from the dialysing iron, also that the acid is accompanied by a solution of iron nearly to the end of its passage through the dialyser. This phenomenon may be due to the difference in delicacy of the respective tests for iron and acid. Lot B shows that an ordinary acid solution of iron simply undergoes diffusion without decomposition when put to dialyse. Lot C was undertaken at the suggestion of Professor Attfield. It was thought that, as in the usual mode of preparation a solution was used which contained as small a quantity of acid as possible, it would be interesting to ascertain whether an aqueous solution of neutral chloride would dialyse; the result shows that it will not.

The analysis of dialysed iron shows that it contains some chlorine; though contradictory statements have been made, owing, probably, to the defective method of testing for it.

The good keeping property and pleasant taste of dialysed iron render it decidedly preferable to ferric hydrate as an antidote for arsenic, in case it should be proved efficient; Mr. Jackson thinks that as the best published experiments in this direction extend no further than it actions in an artificial stomach only, more extended experiments are necessary before medical men would be justified in relying upon it.

Here, however, we would remark that during the last year we refused to see cases of poisoning which have been recorded as treated with this article, and inasmuch as it may often be found at hand, we doubt not that it will be again resorted to—more especially as the trials already made are so encouraging. In such case, it should be administered in *full* and *frequent* doses.

Preparation (*Lot* A).—1 lb. of a solution of ferric chloride was poured into a dilute solution of ammonia, until the whole after well stirring had an ammoniacal smell; the mixture was poured on to a calico filter and washed with distilled water until the washings gave no precipitate with a solution of silver nitrate; the precipitate was then transferred to a beaker containing 4 oz. of the solution of ferric chloride, and heated on a water bath with stirring and addition of a little hydrochloric acid. Allowed to stand all night, it was all in solution next morning. This solution was poured into a dialyser, consisting of parchment-paper stretched between two gutta-percha rings, which was floated on about 1½ litres of distilled water (15th February). After a couple of hours the wash water was replaced by another 1½ litres. On testing it gave evidence of the presence of ferric chloride. On the 16th the amount of hydrochloric acid in the wash water was determined by a standard solution of caustic soda; it showed ·288 per cent. On the 18th the wash water was renewed with 1 litre; it gave evidence of ·115 per cent. of HCl. On the 20th the litre of wash water was renewed; it contained ·0438 per cent. of HCl. On the 22nd, the litre of wash water was renewed; it contained ·0182 per cent. of HCl. On the 25th this wash water was tested and gave no precipitate with potassium ferro- or ferri-cyanides, but gave a slight red colour with sulphocyanate, indicating only a trace of iron; with a solution of silver nitrate it gave but a faint opalescence, showing a trace of hydrochloric acid. On the 27th and 29th, also on April 2nd, 4th, and 6th, the litre of wash water was renewed; it no longer gave a red colour with potassium sulphocyanate, but slightly reddened blue litmus paper. The wash water was renewed on the 8th, 10th, 12th, 15th, 17th, 24th, and 29th, by which time it was neutral to test paper, so that the now thoroughly dialysed iron was poured out of the dialyser and reserved for analysis, &c.

Preparation (*Lot* B).—Dialyser a parchment paper tied over a gutta-percha ring. 8 oz. of liq. ferri perchlor., B. P., were put into a dyaliser floating in a litre of distilled water, on the 18th February; on the 25th the wash water contained 5·548 per cent. HCl, and gave a voluminous precipitate of ferric hydrate; the solution in the dialyser contained 5·694 per cent. HCl, and gave a larger precipitate of ferric hydrate. The wash water was renewed with a second litre; on the 29th this was of a yellow colour. The wash water was renewed, and again on the 2nd and 29th April, by which time a colourless solution remained both in the dialyser and bath; it was therefore thrown away.

Preparation (*Lot* C).—On 27th March, made some neutral ferric chloride by passing dry chlorine over hot iron tacks; removed the tacks and dissolved the deliquescent crystals in water; heat was rendered sensible, and the solution when analysed showed the presence of 3·6 per cent. of iron. This solution was put into a dialyser, made by tying parchment paper over the mouth of a broken beaker, and suspended in a quarter of a litre of distilled water; the wash water was renewed on the 28th and 30th of March, and the 2nd, 4th, 6th, 8th, and 10th of April, at which time a pale muddy liquid remained on both sides of the dialyser. That in the dialyser showed upon analysis the presence of ·485 per cent. of iron, and was therefore thrown away.

Composition and Properties.—Lot A, being the only true dialysed iron of the three, is now referred to. It contained 95·52 per cent. of water, the mean of two determinations at 100° C.; ferric oxide, Fe_2O_3, 3·86 per cent., weighed as such; ferric chloride, Fe_2Cl_6, ·154 per cent.; the Cl was weighed as silver chloride.

After evaporating some of the dialysed iron to dryness at 100° C., the shiny residue was boiled in water and the colourless solution had a faint inky taste. It gave a slight white precipitate with silver nitrate solution, and a faint red colouration with KCNS; no change with either $K_4FeC_6N_6$ or with $K_3FeC_6N_6$. Thus boiling water appears to extract all the chlorine, perhaps by decomposing the ferric chloride, if present in that form.

To detect the chlorine in dialysed iron, warm with ammonia, filter, and acidulate the filtrate with nitric acid; a solution of silver nitrate will then give a white precipitate. Silver nitrate solution added directly to dialysed iron has failed to give the precipitate of silver chloride in all the cases in which I have seen it tried.

The dialysed iron was a clear liquid, black by reflected and red by transmitted light; it was precipitated as a brown hydrate of iron by the laboratory water (which contained calcium salts); also by chlorides of Na, Ba, and Am; also by ferri- and ferrocyanides of potassium; sp. gr. 1·043.

Some experiments were made by Mr. Jackson with a view of determining the value of the solution as an antidote for arsenic. His research on this point was, however, incomplete, and further experiments will doubtless be made by various chemists. We have already reported what has been done in this respect.

Dr. Amory, in a recent report for the *Boston Medical and Scientific Journal*, furnishes, among other notes about iron, the following information as to Wyeth's dialysed solution, which seems to have been most widely used in America.

This solution contains ferric oxide, of which the proportion to the solvent varies according to the method of preparation. One sample of Wyeth's, taken at random in the drug market, furnished 24·49 grains to the ounce, and on further evaporation a dry residue yielding 2·81 grains of water, with very little hydrochloric acid, and 21·68 grains of ferric oxide. A second sample, of the same manufacture, furnished 24·30 grains of dry residue. A third sample, of another manufacture, contained 18·63 grains, which on further evaporation yielded 3·07 grains of water, considerable hydrochloric acid, and 15·56 grains of ferric oxide. A fourth sample, of a different manufacture, yielded 17·88 grains of dry residue, but showed marks of imperfect dialysis, was quite acid to the taste, besides being much weaker in ferric oxide. A fifth sample, from still another manufacture, gave considerable hydrochloric acid, sal ammoniac, and only 6·85 grains of ferric oxide to the ounce of solvent. Further analysis in Wyeth's solution of dialysed iron proved that the proportion therein of ferric chloride to ferric oxide was 1 to 27·8. These analyses were conducted by Professor Genth, of the University of Pennsylvania. From this a fair conclusion may be drawn that the results of administration of the ferric chloride and ferric oxide contained in the commercial solutions of dialysed iron would be influenced by the size of the dose and the purity of the preparation. Being a weak preparation of iron it should be prescribed in doses sufficiently large to produce the decided effect of iron. The estimation by specific gravity might give some idea of the amount of solid iron contained in the solution. Wyeth's method of preparation gives a specific gravity of 1·400. He uses a high temperature to facilitate dialysis, which may take four or twenty days. He also uses water, either distilled or drawn from an artesian well, and parchment paper. The final results of dialysis are determined first by taste, and then by assay by the following test: "Precipitating with a solution of ammonia previously heated; washing and igniting to get the amount of peroxide of iron; washing to expel excessive ammonia, and then adding solution of nitrate of silver; washing, igniting, and heating to obtain the amount of chlorine."

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INDEPENDENT DEPARTMENT.

A VERY FEW WORDS ON "LATER HOURS FOR SOLDIERS' MEALS IN INDIA."

By Lieutenant-General Lord **MARK KERR**, C.B.

Beginning in 1857 with my own battalion, the 13th Light Infantry, which continued the practice during six years in India, and again between early in 1875 and 1877, with the 2nd, 7th, 15th, and 66th regiments: more by persuasion than by order, I altered the hours of meals of the British soldier, from the English hours—good in a cool, killing in a hot climate—of 8 a.m. and 1 p.m., to 9.30 a.m. (a cup of tea or coffee or cocoa having been taken earlier) and 4.45 p.m.

The 1 o'clock dinner in India is, of course, followed by the hottest hours of the day, during which the soldier's only resource is to lie on his back with the beef in his stomach, and smoke cavendish tobacco—the worst tobacco for the Indian heats, but supplied by authority at a cheap rate—while, all the time, his liver suffers, like that of the Strasbourg goose under the same conditions, and either kills him outright with heat apoplexy, or sends him to hospital with the various developments of a diseased liver, and the diarrhœa which comes to ease it, or with dysentery, and perhaps fever—thence to the cemetery, or to be invalided home.

Some have said there is an impossibility in carrying out any change in the meal hours of soldiers in India, from the surroundings of their life, their duties, and such like. That there is no force in this objection is proved by my having carried it out, first as lieutenant-colonel, and at last as lieutenant-general, at intervals, during a period of twenty years.

To give force to the few words I have written, I will add the opinion of an eminent medical officer of the army, and of great Indian experience.

"That the practice of taking a heavy meal of animal food during the hottest part of the day cannot be otherwise than seriously prejudicial to health in a tropical climate, being admitted, as I think it must be, and that, not merely as a matter of personal opinion, but as the plain teaching of physiological science; it seems to me most amazing that custom and habit, and perhaps routine, should retain so strong a hold on the minds of all concerned, that the change of the soldier's dinner hour to a period of the day more in accordance with the dictates of common sense as well as science—once having been proposed should not have met with eager acceptance where such vital interests were concerned, more especially as the proposal had not been made by a mere theorist, but by one who had so long ago shown practically, and with such satisfactory results, that there need be no difficulty in carrying it into effect. July 31st, 1878."

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ABOUT BOOKS.

Cyclopædia of Practical Medicine. Edited by Dr. H. Von Ziemssen. Vol VIII. *Diseases of the Chylo-poetic System, with Chapters Relating to Diseases of the Bladder and Functional Affections of the Male Genital Organs.* London: Sampson Low, Marston, Searle, and Rivington. 1878.

The last issue of the Cyclopædia is vol. viii., which has been postponed for some others, so that the work is now nearly complete. The regularity with which the successive volumes have appeared is a sufficient earnest that the remaining two will not be delayed, and we take this occasion to compliment the publishers and translators—indeed, all concerned—in the approaching completion of their work. It is also well to add that new subcribers who wish, may have it sent to them in quarterly instalments, or may take at once all the volumes published. As our numerous criticisms have shown, for we have noticed each volume as it appeared, the work is like all similar productions, necessarily unequal, but we think it a great success to have maintained throughout so high a standard. German medicine, in its most advanced phase, is now rendered accessible to all English readers. The differences between English and German opinions and practice will no doubt be duly noted by all, and the natural result must be progress. We only wish Germany had as fine an exponent of our own practice, for we believe that it is in a due appreciation of each that the next step may be made.

The volume before us is devoted to some subjects which need much further elucidation, and which are usually regarded as difficult. The first essay is by Professors Zenker and Ziemssen, and treats with great learning of diseases of the œsophagus, a subject which has frequently been mentioned in The Doctor. We treated it on several occasions this year and last, as well as in a Topic of the Time in August, 1876. The next essay is on the peritoneum, by Dr. Bauer, who follows closely German authorities, and furnishes us with a favourable specimen of their writing. With regard to treatment, he sees no use in blood-letting, or in a large number of leeches—a small number he admits may be useful; neither does he believe in mercury or other antiphlogistics. Cold, opium, and rest, are his reliance. A few lines are given to the question of puncture when effusion is excessive. In collapse the first stimulant he names is subcutaneous injections of camphorated oil. Puerperal peritonitis is divided according to the classification of Spiegelbergh. Tubercular peritonitis, typhilitis, and perityphilitis, are carefully treated. Ascites, as such, only gets a couple of pages to itself, though, of course, it has been incidentally mentioned several times.

The spleen is entrusted to Prof. Mosler, whose name is already familiar to our readers for his researches in this subject, and here we have his ripe views in an almost exhaustive essay. On local treatment he collects what little has been done, and speaks with great impartiality. On leucæmia he treats at length, after which he describes mel-anæmia.

Prof. Friedreich undertakes the diseases of the pancreas—perhaps the most obscure in the domain of pathology. We have been pleased at the way in which he shows the insufficiency of the symptoms commonly attributed to the pancreas to establish a diagnosis, and sets before his reader the great difficulties that surround investigation, and then proceeds to unravel as far as he can the tangle which has been made by our predecessors, and too often increased by those of our contemporaries who have ventured to touch it.

Dr. Merkel disposes of the disease of the supra-renal capsules in less than forty pages; they afford us a fair statement of what is known. As to treatment, they are not absolutely silent, though little more is to be gathered than that rest for body and mind, with good nourishment, are desirable—sometimes stimulants.

The remainder of this volume is devoted to subjects which in England are usually claimed by the surgeon.

They are treated by Professor Lebert (who has since died), and by Dr. Curschmann. Both essays will be read by the general practitioner with great interest, and physicians may peruse them with profit. They do not give surgical details, but enter on points on which practitioners of all classes are at times consulted. We are glad to see that Dr. Curschmann condemns the too frequent use of Lallemand's method. If ever resorted to, he says it should be mildly and quietly, and he thinks English surgeons are to blame for repeating it. We commend this to their notice with our full endorsement.

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Animal Chemistry; or, the Relations of Chemistry to Physiology and Pathology. By Charles Thomas Kingzett, F.C.S. London: Longmans & Co. 1878.

The author submits this book as a manual for medical men and scientific chemists, and tells us how its origin may be attributed to four years' practical study of the subjects it comprehends in relation to some special research in which he was engaged. He found the want of a well-digested account of the subject, and, therefore, considerately has undertaken "a task which should prove of service to scientific men—viz., to collect and systematise, as far as could be, all the trustworthy work on record in relation to animal chemistry, so far as it concerns the human body." This task, heavy as it was, has been accomplished, and the result is before us. We sympathise with the author when he tells us he has tried to do his work faithfully, and if he has wronged "any investigator it has been unconsciously." His will be an exceptional case if no one feels aggrieved, but the determination and the effort to be just are worthy of honour in an age when we so seldom encounter it. We have often seen the appropriation by one of another's toil; we have stood by and seen our own work claimed by others; and we have on some occasions exposed such conduct, though not in our own case. The experience thus acquired induces us to show the greater respect to any one who honestly desires to render each fellow-worker his due meed of credit. But our author does not here attempt to accumulate every fact in animal chemistry, but rather to present such parts of the subject as may be arranged in something like system. The methods of research are described, and it is a particular merit that the whole is brought down to the date of publication. Every subject directly relating to animal chemistry is brought into the book. This is perhaps its defect, as it compels some things to be cursorily—shall we say superficially?—treated, which are worthy of full attention in their proper sphere, but which many a reader will scarcely expect to find in such a volume as this. Thus, the subject of germs and fermentation could not be passed over, nor their relations to disinfection, and yet they are by no means unduly extended, a merit of no slight account in the originator of a disinfectant. A little further on, however, we have a chapter on Character, which, though worth reading, and giving some insight into the author's ideas on some of the problems of life, might very well have been reserved for a more appropriate surrounding, or used up as an article in a periodical. Nevertheless, we have read it with pleasure. Here and elsewhere the author has allowed his style to run into an exuberance which will excite the ire of those of our contemporaries who measure a man's sense by his inability to express himself in good English. We, however, do not condemn a book because it is intelligible, and are glad to meet with any author who dares to be himself in spite of the ridiculous gibes of would-be medical critics.

But to give some more definite account of the book before us. It is divided into five parts, the first and last of which we may pass over as incidentally touched on in our previous remarks. Part II. gives an account of organs, fluids, and processes concerned in digestion, and Part III. is devoted to nutrition, or work and waste. These will be sought by many readers, and referred to by still more, as being full of facts and furnishing a sketch of this part of the subject which embraces the most recent researches. Not a few of our readers will be glad to know where to look for such a sketch from the hand of a competent chemist. The remaining part (IV.) is on other organs, tissues, and fluids of the body. Of the three chapters in this part the fullest is that devoted to the chemical constitution of the brain. Here, after a sketch of the literature of the subject, and a reference to prior publications, we have an account of Thudichum's researches, in which the author was associated, and to which he naturally assigns an important place. If for no other reason than the clear account of the chemistry of the brain, and the suggestions to which it gives rise, we should like to see this book pass through the hands of all observant medical men who have not neglected their chemistry too much to follow it: these latter had, perhaps, better first repair their error. Almost any one, however, can comprehend that light may be shed on obscure nervous diseases by such researches, and we could wish that some of our nerve specialists would thoroughly digest this chapter, and endeavour to bring its statements to the test of competent criticism. The remarks on softening of the brain, on typhus, and on delirium tremens, will attract many. With regard to the effect of alcohol on the brain, the author says: "the facts irresistibly remind of the words of Shakespeare, 'Oh that men should put an enemy in their mouths to steal away their brains.'" And yet he does not advocate abstinence from alcohol, but regards it as a "luxury and useful article of diet." How he reconciles this with the facts which "irresistibly remind" him of Shakespeare's prophetic vision we need not stop to see. Indeed, but for the power of custom, we should think he would have followed, as in other cases, the guidance of the "facts" he has himself helped to elicit by his scientific researches.

Mr. Kingzett furnishes a list of subjects for further research. This will be more interesting to scientific chemists than to medical men, and therefore The Doctor may well pass them by, though, in connection with it, his remarks on hospital laboratories will interest not few connected with our medical schools.

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The Relation of Ozone to Disease. By J. F. Baldwin, M.D., Professor of Physiology, Columbus College. 1878.

This pamphlet is a reprint of a prize thesis which appeared four years ago in the *American Journal of the Medical Sciences.* When the author began to study the subject he had the popular notion that ozone would produce disease, both directly by its presence, and indirectly by its absence. After investigation, which seems to have been thorough, he has come to the opposite conclusion. Further, he thinks it influences the health only by destroying the *products of decomposition*, not living germs. So many vague notions have been wafted about concerning ozone that it is a treat to meet with a sober and careful study of what is really known. Dr. Baldwin has carefully studied the literature of the subject, and in reprinting his essay remains of the same opinion as when he first issued it.

◆

The Germ Theory of Infectious Diseases. By John Drysdale, M.D., President of the Literary and Philosophical Society of Liverpool. London: Baillière, Tindall, and Cox. Pp. 74.

Dr. John Drysdale is well known in the scientific world for his microscopic researches. In this pamphlet he shows that the experience of the physician of large practice, united to the knowledge of the histologist, can do much towards unravelling the dark and abstruse questions of infections and contagions. According to the author, the nature of infectious miasms is threefold—gaseous, liquid, and solid. The liquid and gaseous of miasmata are all soluble, chemical, inorganic and organic poisons, venom, and secretions—not living. The solid act, not in proportion to their quantity, and are divisible into ferments, contagia, and miasms. The ferments are chemical, such as emulsive, diastase, myricine, ptyalin, and pepsine, or organised. The contagia are caused by parasites and graft germs. The organised, parasitic, or graft germs grow, or are indefinitely produced. The parasitic germs are divided into morphologically specific parasitic diseases, and physiologically specific parasitic diseases. In the catalogue of the morphologically specific parasitic diseases are found entozoa, scabies, tinea tonsurans, circinata and favosa, trichinous disease, fungous foot, endemic dysentery of Egypt and the Cape, and elephantiasis. Among the physiologically specific parasitic diseases we find splenic fever, relapsing fever, and pneumo-enteritis, contagiosa probably. In the group of *Partial Bions*, or graft germs, acting either by simple grafting, conjugation, or rejuvenescence, are included those of *animal* origin, such as the causers of infectious catarrhs, blennorrhœas, ophthalmias, erysipelas, pneumonia, peritonitis, with puerperal fever and diphtheria; or again in small-pox, vaccinia, measles, scarlet fever, whooping-cough, mumps, and typhus; or in typhoid, cholera, yellow fever, rabies, syphilis, glanders, or septicæmia.

The partial bions or graft germs, acting by *vegetable* secretions, cause hay fever and malaria, the agent in the production of intermittent and remittent fever.

On page 70 the author remarks:—"In conclusion, let us pass again for a few moments from matters of technical detail to the bearings of the principles here set forth on the general welfare of society, as affected by the fearful scourge of infectious disease. The tendency of the foregoing has been to restore these diseases to the domain of medicine proper, in opposition to the parasitic hypothesis fashionable for the moment, which would, as it were, consign them to a department of natural history. Were it so, there would be little hope of their extinction or subjugation by the medical art. On the other hand, if they are diseases bred within us from altered conditions of health, our prospects are better, though not unreasonably so. As long as infectious diseases—such as the catarrh and erysipelas group—arise from the operation of mere common non-specific causes, if by any chance they were swept clean out of the land, they would infallibly reappear so long as poverty, dirt, overcrowding, famine, war, vice, &c., afflict the human race. And with respect to the diseases of the class which now never arise but from infection, and whose origin is hidden in the night of time, although we may circumscribe the area of their operations by such means, we yet can never hope that good food, virtue, drainage, and ventilation will extinguish them altogether as long as man is a social animal. That hope lies on the medical art, and, strangely enough, on the use of the very morbid poisons themselves whose tremendous power for evil has just occupied our attention."

This essay is a most philosophical one, and will be read with great interest by all who take an interest in hygiene and the prevention of disease.

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Health Primers. London: Hardwicke and Bogue, Piccadilly. 1878.

1. *Exercise and Training.*
2. *Alcohol: its Use and Abuse.*
3. *Premature Death: its Promotion and Prevention.*
4. *The House and its Surroundings.*

These four little books are apparently intended as popular guides on subjects of a sanitary or semi-medical aspect, although we are scarcely sure that such is the exact intention, for not a word of preface has been offered. As there are four editors' names prefixed, besides a long list of contributors, we cannot help feeling a mild wonder as to what the editorial duties can be which demand the exertions of four writers. Perhaps the chief is to select which of the well-known contributors shall first have his essay issued. However, this is scarcely our affair. Four essays of a series are before us, and they certainly give promise of success. As each is to be written and edited by a competent authority, we may expect that the series will be exempt from many of the mistakes which are so apt to creep into all attempts to popularise such subjects. If the series be confined strictly to health preservation, and *medical* matters rigidly excluded, much good may be done. Indeed, we would suggest that it is the health of communities and families, or rather households, that should be understood, for as soon as individual hygiene is allowed to occupy a place, there will be danger of intruding into the province of medicine. We venture, therefore, to submit to the editors, that they may render real service to the profession, if they will prevent the series from containing a single paragraph of the domestic-medicine type.

Of the four parts before the one most likely to err in the direction we have named, is that on *Alcohol*, but we must admit that the writer has been judicious in this respect, and his contribution is likely to be of service. He does not at present urge abstinence, but he does not hesitate to say that as a beverage it is not required in health, and its habitual use likely to lead to disease, and hence that total abstinence is safest, while he also urges that in disease it is only to be used in strict accordance with the doctors' orders.

Exercise and Training is the next most dangerous topic, though in a somewhat different manner. Hence *personal* hygiene is touched on, and rules are necessarily laid down which cannot be safely applied by all. Still, men, and women too, will persist in considering themselves healthy, and acting on the first advice that comes to hand. It is then better they should follow such teaching as we here find, though it may be doubted whether the physiological notes and the terms used will render them any wiser.

The *House and its Surroundings* contains much useful advice on drainage, water supply, and other subjects. This, however, also illustrates one danger of popular medical books. The author advises the bed-room window to be left open two inches at the top—a plan, which we venture to say, will horrify many, and which, in this climate in winter, is dangerous to a considerable proportion of the community.

Premature Death is discussed in relation to communities rather than individuals, and is therefore, according to our notion, a most appropriate subject for such a series. We hope future contributions will be of this kind.

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The Student's Guide to the Medical Profession. By Charles Bell Keetley, F.R.C.S., Assistant-Surgeon West London Hospital. London: Macmillan. 1878.

This little manual professes to guide students and parents. It contains much useful advice, such as is found in introductory addresses, leaders in students' numbers, and other publications. The author tries to avoid overlapping the students' number of the journals, but he might, we think, have dismissed this fear. These students' numbers are of little real use. The author evidently feels a certain responsibility for his work, which, on the whole, is fairly done. We think the chapter for lady students by Mrs. Anderson would have been better omitted. The ladies are so few that parents and sons might be spared the consideration of the appropriate dress for girls in the dissecting-rooms, and the other points about which no doubt Mrs. Anderson is thoroughly qualified to advise her class at the Medical School for Women. The worst of all these books and students' numbers is they can only deal in generalities, and therefore after reading them, most people naturally turn to personal friends in the profession for further advice. The author seems to think money paid to lecturers wasted, and laments the loss in the interest of poor students, as if the profession ought to consist of paupers. We have no objection to poor students who are gentlemen, but have no sympathy with the desire to make the profession a refuge for the destitute. Medical education is cheap enough, and it is at once flippant and impertinent to make out that lecturers are generally bad, and lectures "vilely delivered." Perhaps the author may have been unfortunate. We have heard many eloquent and instructive lectures.

Literary Notes.

The Physician's and Surgeon's Visiting List, 1879. London: J. Smith & Co., 52 Long Acre.—The receipt of our new "V. L." reminds us that the current one is nearly full, the year nearly over, and that the energetic publishers are fulfilling their engagements to their ever-increasing subscribers. The "Pharmacopœial Companion" is again incorporated, and will be appreciated. After using Smith's "Visiting List" for many consecutive years, we cannot say less than that we have provided our copy for 1879, and advise those who have not done so to send their orders at once.

The Annual Address before the American Academy of Medicine, by Frank H. Hamilton, M.D., LL.D., has reached us, and gives us a fresh insight into many points connected with our Western brethren, for which thanks are due to the able author and his trenchant style.

The Physicians and Surgeons of the United States—a review and editorial—is a terrible onslaught, reprinted from the *Ohio Medical Recorder*, which is thus shown to be as fearless as it is independent.

The Diseases of Animals, rendering them Unfit for Food of Man, by Francis Vacher, is a reprint which will interest medical officers of health and others of our readers.

We have also received the *Proceedings of the North Western Association of Medical Officers of Health.*

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AT THE SOCIETIES.

AT THE MEDICAL SOCIETY OF LONDON.

October 21, 1878.

Mr. Erasmus Wilson (the President) delivered the following

OPENING ADDRESS.

Gentlemen,—Our attention is continually drawn by the periodical literature of the day, to the question of centenarianism. A great medical authority, namely, Hufeland, in his "Art of Prolonging Life," has set down the age to which we might hope to attain at 200 years. It is a part of the business of this Society to work out that problem by endeavouring to discover the best means of preventing and curing disease, and at the same time, and most emphatically, of preserving and maintaining health. An eminent Fellow of this Society, one of those upon whom the honour of occupying this chair has devolved, once expressed to me his strong conviction that man ought never to die from ordinary disease. But if any doubt should present itself with regard to centenarianism in man, there can be none as to the permanence of the institutions which he creates. This excellent Society, for example, dignified with the proud name of the Medical Society of London, celebrates this evening, its 106th anniversary. It may be truly said to be full of years, and it is, moreover, no less full of constituent members, and of financial means. Nevertheless, it is always a happiness to add new names to our numbers, and to drop new subscriptions into our coffers; the former bring us wealth of intellect, the latter, that more worldly wealth which we know so well how conscientiously and usefully to apply. It was said of Sir Christopher Wren, by a visitor to St. Paul's Cathedral—"*si monumentum quæris, circumspice!*" In the same spirit, I may say of this Society, if you would know what it is, look around upon its members and their works; and I will also venture to say, at its ornaments. No altar of science could be graced with a more soul-stirring impersonation of earnest thought and honest search after truth, than the august assemblage of our fathers represented on the canvass that hangs over the President's chair; and perhaps, even more impressively in the engraving which brightens the walls of our library. Our younger members cannot but be inspired by its contemplation, to become such as they; our older members will be confirmed in their determination to maintain the honour of the past, and perpetuate the renown of the future. Our immediate past President remarked to me when first I took my place in this chair, that, nothing had struck him so forcibly as the earnest and conscientious intent and work, manifested by its contributions and by its discussions. My own experience, so far as it has gone, tends to corroborate his views. The President whom we see seated at the head of the Board in this famous picture by Copley, is Dr. Sims; the speaker is Dr. Lettsom; and the rest, nineteen in number, are men whose names are still held in high respect at the present day. It is worthy of note that of the twenty-one figures, seventeen are those of physicians, and four only of surgeons; while one alone is a Fellow of the Royal Society. One of those present standing at the table is Edward Jenner, the discoverer of the protective influence of vaccine lymph against small-pox, a discovery which has spread its benign influence throughout the entire world. On the walls of the room are serried columns of the past Presidents of the Society. Among the foremost of these will be observed a name which deserves to occupy a high place in the estimation of every member of the profession: it is that of Willan. In the more recent additions to the list, we find the names of numerous past Presidents, whom it is our pleasure and gratification to see amongst us still, encouraging us their presence, and animating our discussions with their stores of varied information and experience. Of these latter, we shall be pardoned a sentiment of pride in enumerating the names of the President of the College of Physicians, Risdon Bennett; of a past President of the Royal College of Surgeons, Henry Hancock; of Hird; Garrod; Greenhalgh; Hare; Henry Smith; Richardson; Gay; Andrew Clark; Bryant; Habershon; Routh; Adams; and Buchanan. The name of Willan, who first in this country gave a scientific character to the comprehension and classification of cutaneous diseases, reminds us how much we are indebted to the labours of our predecessors, and how much we may be influenced for good or for evil by their reputation. Linnæus classified the vegetable kingdom, the German school applied his views to cutaneous diseases; Willan pruned and shaped the Teutonic system to the purposes of his countrymen, and in that form it has been transmitted even to ourselves. Jussieu laid the foundation of the natural families of plants; Alibert adopted a similar principle for cutaneous diseases; but Alibert failed to secure the popularity of Willan. The labours of Rokitansky inspired the classification of Hebra; and the views of Hebra continue to receive a hearty acceptance amongst us at the present hour. But what is our practical position in this respect to day; such terms as eczema, psoriasis, prurigo lepra, tinea, lupus, &c., which once sheltered a secret as mysterious as those of Freemasonry, have become words of common usage with the general community, and are so well defined both objectively and subjectively, that classification has been robbed of much of its complexity, nay, has very nearly been routed completely from the field, and has become almost a by-word of pedantry. Aberrations of circulations and aberrations of nutrition, are the sum and substance of their pathology; common and specific causes of their etiology; functional regulation and conservation of their therapeutics. During the already short period of my Presidency, I have listened with attention and instruction to a series of valuable papers which have been read to the Society by its Fellows; and I may here remark, in comparing 1878 with 1785, the probable date of our picture, that, in place of the physicians exceeding in majority, the number of the surgeons have more than doubled the number of the physicians as contributors to our common store of knowledge; a fact which may be taken in illustration of the advanced condition of surgery at the present day. Scientific honours have likewise been acquired in larger proportion by our profession, showing a general as well as a special movement of advancement. . . . .

I may mention that it is in contemplation to devote a small portion of the time of certain of our meetings to demonstrations of microscopical subjects; to be accompanied with a short explanatory notice, and to be restricted as much as possible to objects of practical interest. In concluding my observations on ourselves, our doings, and our expectations, it might be thought to be a part of my duty to exhort you to persevere; but this, I am happy to say, is perfectly unnecessary. Our special text, "Work, work, work!" has been uttered by many distinguished members of our profession; we know it to be the medicine of success, and its teaching is universally acknowledged and acted upon by our professional phalanx; not success in worldly eminence, but success in the attainment of professional honour, and of the means of alleviation of the pains and sorrows of the public with whose well-being we are entrusted.

AT THE CLINICAL SOCIETY OF LONDON.

Mr. Callender, President in the Chair.

Dr. Farquharson read

A CASE OF QUININE RASH.

Dr. Farquharson exhibited a drawing by Dr. Westamacott, of a case of quinine rash occurring at St. Mary's Hospital, in the practice of Dr. Cheadle, who had kindly allowed him to bring a few brief notes before the Society. The patient, a boy, æt. 14, was admitted with pyrexial symptoms, and after the first suspicion of typhoid was allayed, it was decided to try the effect of quinine in bringing down the temperature, which had stood for several days at 100°. Ten grammes were accordingly given thrice a day, and on the fourth day a variolous rash appeared universally over the body, composed of flat slightly raised patches of a rose pink, and accompanied by much tingling and irritation. No other symptom of cinchonism was observed, and on withdrawal of the medicine, the eruption rapidly subsided. Quinine symptoms may be divided into two classes. Those of an eczematous character, which are described by some continental authorities, as occurring on the skin of workers in quinine manufactories. Those which follow the internal administration, usually of very small doses of the drug, and which may be either erythematous or rubeoloid in character. The present case was strongly suggestive of urticaria, which it doubtless was, and it may naturally be argued that the real causation was some chance error of diet, instead of the more round-about reason just given. The diagnosis, however, was most amply confirmed by one of the students, Mr. Luscombe, who had suffered two attacks in his own person, precisely similar to this in every respect, save in the addition of very troublesome and long continued gastric irritation. It is worthy of remark that the quinine not only caused no lowering of the body heat in the first instance, but that on the appearance of the cutaneous eruption, the temperature ran up to 102°, the explanation of this probably being that the dose was really too small to produce any decided antipyretic effects.

Dr. Greenhow thought that this rash differed essentially from the bromide or iodide rash. In these the rash is a physiological effect, while Dr. Farquharson's case might be described as an urticaria following dyspepsia produced by the administration of quinine. He had never met with a similar case in forty years' experience.

Dr. Farquharson, in replying, agreed as to the rarity of these cases with Dr. Greenhow. About thirty only were recorded.

Mr. Barker read

NOTES OF A FATAL CASE OF OGSTON'S OPERATION.

With the object of affording a few data for a just estimate of the value of this operation, Mr. Barker recorded this case, though unfortunately fatal. The patient was six years of age, and deformed by genu valgum on both sides, but mostly so on the right. On this limb the operation was performed as follows: A tenotome was passed down in front of the middle of the joint from a point about two inches above the internal condyle. Along this line a narrow-bladed saw was inserted, and its cutting edge laid on to the bone. The latter was then divided, due care being taken that the soft parts behind it should not be injured. The limb was then brought into a straight line, but could not be brought beyond this owing, as was seen at *post-mortem*, to the position which the spine of the tibia then held. It came up mainly to lock against the under surface of the inter-condyloid notch while the external lateral ligament held the bone from going any further. A little blood oozed from the wound, which had been made under the strictest antiseptic conditions, and similarly dressed. The limb was put up straight in plaster of Paris. All went well until next morning, when the patient was free from pain or any trouble, the temperature standing at 99·8°. The plaster bandage was a little tight. An hour or two later the temperature stood at 105·4°, and patient was weary. At 9.30 p.m. the plaster bandage was removed as the limb was too much compressed by it, and at this time the thigh near groin was tender and swollen; the glands being specially so. Limb put upon a long splint with cotton wool and flannel covering, dressings not changed; all around the knee being quiet. The temperature remained at over 105° the whole night, and in the morning the boy was delirious. The dressings were then removed under antiseptic spray for examination of the joint, which was found perfectly at rest; no trace of inflammation about it. Consolidation of the base of the right lung, however, was now discovered. The boy became worse and worse, and died at 2.30, exactly forty-eight hours after operation. *Post-mortem* examination showed the cause of death to be septic pneumonia, with hæmorrhagic infarcta in the body of the inferior lobe of the right lung. The joint was found almost quite free of inflammation; the wound showed slight suppuration. But in the body of several muscles on the anterior aspect of the thigh, diffused pus was found with ecchymoses, but not connected in any way with the joint. None of these were found in the muscles of the leg; all the veins of thigh quite normal. The cut in the bone was planted as accurately as it should been. It left the crucial ligaments entire, lying inside of them; the ligamentum mucosum was also intact. The chief points of interest in the case lay in the rapid supervention of septicæmia in spite of the most rigid antiseptic precautions both before and after the operation.

Mr. Reeves read a paper on

SUBCUTANEOUS EXTRA-ARTICULAR OSTEOTOMY OF THE CONDYLES IN KNOCK AND BOW KNEES,

and made some observations on the subject of osteotomy generally, and stated that he had had occasion to perform nearly 100 osteotomies. He related the particulars of 4 severe cases from a total of 23 operations, of which 21 were for genu valgum and 2 for varum. He also drew attention to a case of Mr. Parker's, which was present, and which had been operated on by his method, in which the deformity was quite corrected, and in which the child was able to walk one week after the second knee had been operated on. Photographs of several cases, both before and after operation, were shown. He summed up the results of his own experience and that of other surgeons by stating, "That in those cases of knock or bow knee in which osteotomy is called for, the plan of simply *loosening*, and not separating, the offending condyle is preferable to Ogston's operation or division of the shafts of the femur, tibia, and fibula: 1st, because of its safety; 2nd, it is much more quickly done; 3rd, passive motion can be begun much earlier; 4th, the condyle being simply loosened, there is no fear of non-union and necrosis; 5th, there is no need to interfere with the large joint in the body, and even if this be accidentally done, it being a much more subcutaneous injury than that inflicted in Ogston's operations, there is very much less likelihood of joint mischief leading to excision, amputation, or death; 6th, less damage is done to the epiphysis; 7th, the cases are much more rapidly cured. He thought that Dr. Ogston's operation was good and justifiable, until a simpler and safer method was applied, and that subcutaneous extra-articular osteotomy supplied these desiderata.

The President asked Mr. Reeves for the references to the cases requiring subsequent excision or amputation which he had mentioned.

Mr. Reeves added that they were not done in this country but in Germany.

Mr. Lucas had, till to-night, thought Ogston's operation a safe one: he had the experience of eight cases, and, in one, both condyles had been divided on the same day, without bad result. Once he had been obliged to rupture the external lateral ligament to straighten the limb. In Mr. Reeves' operation, he thought that the joint must be opened, as, indeed, seemed to have happened in some of the cases shown.

Mr. Howse had in his own cases experienced no bad results, but he thought it likely that pulpy disease might sometimes follow this operation, as occurred in a case of simple fracture of the capitellum for the radius which he had lately observed. Where prolonged treatment could not be followed he thought it justifiable to incur the small risk of Ogston's operation. Division of the femur as a substitute for this he considered better than division of the tibia and fibula. But that with antiseptics to diminish the risk, division of the condyle was preferable. He doubted the extra-articular character of Mr. Reeves' method, and thought it better and safer to use the saw, though he agreed with him in the propriety of dividing ricketty curves.

Mr. Callender considered operation undesirable before middle youth or later, and that these cases differed much *inter se*. His experience comprised five cases done without antiseptics. He referred to Mr. Bigelow's statement of the rarity of such cases in America.

Dr. Nunn agreed as to the rarity of this deformity in the Southern States.

Mr. Barker and Mr. Reeves having replied, the Society adjourned.

FRIDAY, NOV. 22ND.

Dr. Greenhow, Treasurer, in the Chair.

Mr. Bryant exhibited a patient who had been the subject of

TALIPES VARUS,

and had been treated by the removal of a wedge of bone from the tarsus. This boy was 12 years of age. He had been under surgical treatment for the condition from infancy. When 5 years of age tenotomy had been performed, with some success; but as the Scarpa's shoe had caused pain, it was laid aside, and the deformity returned. On admission into Guy's Hospital the muscles of the leg were wasted, and the patient walked upon the outside of the foot, upon which had formed two large bursæ. Mr. Bryant removed a wedge-shaped piece of bone from the tarsus, as performed by Mr. Davis Colley in October, 1875. An incision was made across the dorsum of the foot, from a point corresponding to the tubercle of the scaphoid to the outer border of the cuboid; and a second incision along the outer border of the foot; the two incisions forming a ⊣-shape. The flaps were then turned back, and the tendons of the extensors divided. A spatula was introduced around the scaphoid bone, towards the sole of the foot, to protect the soft parts, and the lower section of the wedge of bone cut with a keyhole saw, one line of section extending across the dorsum of the foot from the scaphoid to the anterior border of the cuboid, the second bone section being made higher up; and a wedge with its apex corresponding to the scaphoid bone, and its base to the cuboid, one inch long was thus cut away. After the operation the anterior half of the foot was readily brought round into position, and horse-hair drainage was employed. The temperature rose to 102 deg., but on the third day was down to 99·7 deg., with a pulse of 80. A small quantity of pus was evacuated by a puncture made into the skin, in a position corresponding to the apex of the wedge, and in other respects the wound healed rapidly. The boy exhibited presented a foot of good form, with a flat sole, on which he walked with comfort. The foot was somewhat shortened after the operation. The tendo-achilles had been cut, with the object of bringing down the heel, from which but little advantage had resulted. Mr. Bryant said that ablation of the cuboid had been suggested by Dr. Little in 1854, and practised by Solly in 1857, upon which the operation now under consideration was a great improvement. He considered it also much better than Mr. Lund's operation, for the removal of the astragalus, which was performed in 1872, but which he thought might be useful where the equinus was worse than the varus.

Mr. Richard Davy congratulated Mr. Bryant on the case of talipes varus that he had exhibited. Mr. Davy stated that he had operated in a similar way more frequently than any other surgeon. There was a class of confirmed and intractable cases of talipes that resisted all methods of treatment. In 1874, he re-opened the subject of the removal of the cuboid bone, which operation had been once performed by the late Mr. Solly in 1857. Thus for twenty years the operations had not only lain dormant, but had even been condemned by leading orthopædic surgeons. During the years 1874 and 1875, he operated on five cases, and removed the cuboid; although the success resultant on this procedure was marked and striking, yet it was not quite perfect. He had proceeded on strictly experimental methods; and had not felt justified in interfering with the astragalo-scaphoid joint, until he had demonstrated that attacking the calcaneo-cuboid joint alone was insufficient. In April, 1876, he published his experience; and an abstract of a clinical lecture was printed. In October, 1876, Mr. Davies-Colley read his paper before the Medico-Chirurgical Society, which was the first intimation received at Westminster that Guy's Hospital had stolen a march on them. He had laid down the lines of operative procedure in a lecture published on December 15th, 1877; and stated that the more closely those lines were followed, the better was the result gained. Mr. Davy showed the casts of his ninth patient; taken before and after the operation; and the result was very satisfactory. He considered that even now the operation was on its trial, and was opposed by many surgeons. Mr. Davy alluded to the criticism he had been subjected to in recommending these tarsal operations; but was content to abide by results. Patients after the operation became absolutely plantagrades; the scar was small, and well out of the line of pressure; there was no possibility of relapse, and a symmetrical foot took the place of an unsightly and useless member.

Dr. **Dyce Duckworth** exhibited a

PATIENT SUFFERING FROM A WELL-MARKED ERUPTION PRODUCED BY IODIDE OF POTASSIUM.

The case was that of a man, æt. 32, who was formerly intemperate, suffered four years previously from rheumatic fever, and was the subject of aortic valvular disease and chronic tubal nephritis, with some dropsy of the legs. On the 8th November a mixture was prescribed for him containing some ammonio-citrate of iron, and two grains per dose of iodide of potassium thrice daily. On the 20th inst. an eruption appeared upon the face, and on the 22nd the patient came under notice. He was found to be suffering from coryza and general bronchial catarrh with hoarseness. The eruption was situated almost exclusively on the face and ears. Some portions were found on the back of the neck, and a few scattered spots upon the backs of the hands. The bulk of it was up the to left cheek, although it was fairly symmetrical. Two or three stages were observable in the course of the outbreak. On the forehead were seen numerous hard, spotty papules, becoming vesicular, not umbilicated. On the cheeks the highest point of vesiculation was reached, and here numerous coherent and confluent masses were seen. A vividly red arch extended around the individual and collective vesicles. The fluid was puriform in many of them. The patient was first seen on the third day of the eruption. There was no mass that could properly be called a bulla, and the eruption more resembled patches of herpes in some parts than anything that could be termed acne. Some of the vesicles occurred upon a piece of white scar-tissue on the forehead, where probably no sebaceous structures remained. There was no rash on the body. Some of the vesicles were found on the lips; none manifest on the tongue. The points of particular interest in the case, according to Dr. Duckworth, were, first, its occurrence as the result of small doses of the drug. It appeared that some months previously, in another hospital, a similar eruption had appeared after taking some medicine, and which passed away on discontinuing it. Secondly, the case was an additional one to certain others, which Mr. Morant Baker and another observer had noticed, in which there was present chronic renal disease. It had been surmised that in such cases, defective elimination occurred, and the drug was left longer in contact with the textures of the body than in the instances where the kidneys were healthy. Dr. Duckworth had published some observations upon the passage of iodide of potassium and other drugs through the kidneys in Bright's disease in the St. Bartholomew's Hospital Reports, and shown that in some cases the iodide does not pass out by these organs. In this instance iodine was found abundantly in the urine. The contents of some of the vesicles were also examined, but the results were equivocal as to the presence of iodine. However, it was well recognised that both iodide and bromide of potassium rashes occurred in the persons of those whose kidneys were presumably healthy. Even in such instances there might be defective eliminating power. Thirdly, the nature of the eruption did not warrant the term acne being applied to it, and further observation was wanting to prove how far the sebaceous glands were the true seat of the inflammation. Dr. Thin's recent examination of a case went to prove the immunity of these structures.

Dr. **Greenhow** referred to a case in which a rash had appeared three times in the same patient. Here there was no albuminuria.

Dr. **Farquharson** drew attention to the smallness of the dose necessary to bring out the rash. He attributed this to the eliminating organs being more actively brought into play by large doses of the iodide.

Sir **James Paget** read the notes of a case of

WATERY DISCHARGE FROM ONE NOSTRIL.

The fluid, about two ounces, shown to the Society, had dropped from the left nostril of a lady, æt. 49; and the author stated that similar fluid has been dropping, with rare intermissions, for 18 months. The fluid looked like pure water, or like that from the pia mater, or that from an acephalo-cyst. There was no evidence of general ill-health, or any appearance of any kind of local disease of the nose. The history was nearly as insignificant. In November, 1876, the patient had received a heavy blow over the left frontal sinus, but it seemed to have done no harm at the time, In January, 1877, she had one day of intense headache, but there had been no return of this. In February, 1877, she had a severe mental shock, and in May 1877, the dropping began. From that time to the present, the dropping continued, except for a fortnight in May 1878, when she had bronchitis, and took morphia; and on one occasion, when it ceased for a night. A small drop fell or ran down the lip every few seconds, and about 4 ounces had been collected in an afternoon and evening. The quantity was generally uniform, but was increased by much exertion or by straining. On long standing the fluid deposited a minute quantity of a greyish substance in which nothing could be found but the chance materials washed off from the surface of the nasal mucous membrane. Dr. Russell, Professor of Chemistry at St. Bartholomew's Hospital, reported the fluid to be slightly alkaline, and to contain proteid matter, probably albumen, chloride of sodium, phosphates, and a slight trace of iron, but no grape sugar. The specific gravity was 1004. Mr. Taylor had found the specific gravity on another occasion to be 1009, when he analysed the fluid for Mr. Lawson, who had previously seen the case. After suggesting several theories to explain the case, Sir James Paget concluded by expressing his opinion, though speaking with much doubt, that the fluid was derived either from a frontal or ethmoidal sinus, or from the sub-arachnoid space, or the sac of the arachnoid membrane. He brought the case forward in the hope of hearing that similar cases had been observed, and that by collecting and comparing them, we might gain some knowledge of their real nature.

Mr. **Brudenell Carter** had met with a somewhat similar affection in the case of a friend of his, in whom it began at the age of 80, and who was also much troubled with gout in various forms. Here the fluid came from both nostrils.

Mr. **Spencer Watson** had seen cases of chronic catarrh of the nostril where the fluid was limpid, but at times became purulent. In a man of 34 there was abundant discharge from one nostril when the head was lowered.

Mr. **Lawson** had seen the present case, and believed that it was cerebro-spinal fluid which escaped. During sleep very little came away. Was this because less was then secreted, or only because the fluid was swallowed?

Dr. **Hewan** had observed a somewhat similar discharge from the nostril of a phthisical young man, which had yielded to hypophosphite of soda; this was, however, of a catarrhal nature.

Dr. **Althaus** inquired as to the condition of the olfactory nerves.

Sir J. **Paget** replied that the sense of smell was perfect; his case differed essentially from the others quoted, in that the secretion never was purulent. It was certainly not a catarrhal affection. In any cases which are hereafter reported the amount of the secretion and its character should be most accurately stated.

Dr. **Theodore Williams** communicated a case of

BRONCHIECTASIS AND LUNG EXCAVATION, IN WHICH AN ATTEMPT WAS MADE TO DRAIN THE CAVITY BY TAPPING.

The patient, a man æt. 29, had chronic pneumonia of both lungs, resulting in perfect resolution in one, and in induration and dilatation of the bronchi in the other. He subsequently had hæmoptysis to the amount of three pints, and lost two stone in weight. When admitted into the Brompton Hospital in May, 1877, the symptoms were convulsive cough and fœtid expectoration, containing large quantities of lung tissue, and so offensive in character as to cause frequent vomiting. There was also considerable pyrexia. The physical signs denoted consolidation of the base of the left lung with commencing excavation. During his stay in the Hospital the area over which cavernous sounds were audible increased considerably. Various kinds of treatment were tried to relieve the cough, and to facilitate and disinfect the expectoration, but all with only temporary benefit; and as the patient appeared to be poisoned more and more by the retained expectoration, and exhausted by the cough, on October 16th, 1877, a medium-sized aspirator needle was passed between the eighth and ninth ribs, in the area of the cavernous sounds, and appeared to reach the cavity, but on exhaustion only a few drops of blood followed the operation and the puncture was consequently closed with lint. The patient afterwards suffered pain in the infra-mammary region, but as his symptoms continued to increase, a fortnight later a second attempt was made to reach the cavern; this time the intercostal space below the scene of the first operation being selected, and a trocar and large drainage-tube being introduced. On reaching the pleura a pint of brownish fœtid fluid escaped, which proved under the microscope to consist of broken-down pus cells. Symptoms of collapse followed the evacuation of the fluid, and the patient was with difficulty rallied with stimulants. The abscess was washed out with disinfectants, but no improvement took place, and the patient gradually sank three days after the operation.

On post-mortem examination it was found that the lung contained a labyrinthine cavity formed by the breaking down of the walls of several dilated bronchi, one of which had been penetrated by the first operation. Overlying the cavity was a limited empyema, which the second operation had evacuated. The right lung was affected by recent pneumonia, the result of infection through inhaled secretion from the left, this being the immediate cause of death.

Dr. Williams remarked that it was often difficult to determine by auscultation the exact size and form of a cavity, and especially so when, as in the present instance, it communicated with several dilated bronchi, as reverberation of sound in these winding and irregular passages increased the area of cavernous sound, and gave the impression of a larger extent of cavity than really existed. Another curious feature was the presence of vocal fremitus, in spite of the presence of a large quantity of fluid, but this might be attributed to the very tense condition of the pleura from the amount of effusion poured out into a limited space. The failure of the first operation was due, not to any error in aim, for the dilated bronchus was penetrated, but to the tenacious nature of the expectoration preventing its passage through the aspirator, and the second operation, with the trochar and canula, while it tapped the empyema, did not consequently reach the accumulated secretion in the bronchiectasis.

Dr. Cayley mentioned that, in Berlin, twelve or more such cases had been related, where lung cavities had been tapped, with no encouraging results. Where the cavity is basal it may be treated like an abscess, but in apical tubercular cavities such a course was of doubtful good.

Mr. Berkeley Hill had opened a large cavity in the 7th right interspace in a patient at University College Hospital. At least 10 ozs. of fluid escaped, followed by such free hæmorrhage as to require plugging; there was much temporary benefit. After death, the result of a mediastinal carcinoma, other cavities were found, while that one which he had opened had contracted to a sinus.

Mr. Maunder had frequently urged the treatment of empyema as an abscess. He asked whether adhesions could be always predicted in these cases of abscess of the lung?

Dr. Williams, in replying, said that they could neither be confident of the size of the cavity nor of the amount of adhesion in his case.

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NOVELTIES.

IMPROVED TINWARE.

We are glad to point out any improvement in the manufacture of cooking utensils which removes risks to health. We have heard enough of the dangers of copper, but still that metal long held its ground because vessels could be made of it without seams. The idea of soldered joints was as disagreeable as their presence was injurious. The difficulty is at last overcome, and seamless cooking utensils are now made by the Anglo-American Tin-stamping Company, presenting no joints, as each is stamped out of one piece of tin by machinery. We have seen samples, and found them smooth and with a lustre which any cook may envy. We certainly hope the Company will extend their business beyond the domain of the cook, and provide dispensers with seamless vessels for those purposes for which they may use tin.

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IN THE LABORATORY.

THE O S TOOTH BLOCK.

Some of our readers may remember the interesting discussion on dentifrices at the meeting of the Odontological Society in February, 1875, of which a full account appeared in The Doctor, vol. v., p. 68. The views of Dr. Rottenstein have since then made considerable progress; and it is satisfactory to know that numerous injurious dentifrices have become disused. Some new and valuable ones have also been introduced, among which is the one above-mentioned.

The O S tooth block is entirely free from acids, honey, camphor, and other injurious ingredients. It is of the nature of a prepared tooth powder (compressed into a *solid*), with fine soap, and is brought out in a most compact and convenient form. It may be recommended as a perfectly safe dentifrice. We have ourselves been using it during the past month, and can advise others to follow the example.

WYETH'S COMPRESSED TABLETS.

We are happy to testify in favour of these tablets, which are not made up with gum and sugar, but are the pure drugs compressed into their shape. They are admirably adapted to their purpose, and they stand the test of chemical analysis.

LIQ. SANTAL FLAVA CUM BUCHU ET CUBEBA (HEWLETT'S).

On a former occasion, we noticed this preparation after a limited trial. We find Hewlett's liq. santal flava cum buchu et cubebâ most efficacious in gonorrhœa, and in protracted gleet, as well as in other cases. It has the great advantage of being freely miscible with water in any proportion, and can therefore be prescribed where other preparations would not be tolerated. Milk is also a good vehicle for taking this preparation.

PERFUMED IODOFORM.

Mr. Keyworth's perfumed solution, described at the Dublin Pharmaceutical Conference, is prepared by shaking tincture of iodine with a fragment of fused potash until the colour is removed, and covering the odour of the iodoform produced by the addition of eau de Cologne or lavender-water. The author also speaks of lint that has been dipped in this liquid, and afterwards dried, as being a very good application in indolent sores.

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JOTTINGS FROM JOURNALS.

Extirpation of the Rectum.—The difficulty in the treatment pertains to the establishment of efficient drainage of the wound, combined with oft-repeated antiseptic injections, or even permanent irrigation with an antiseptic solution. In relation to the operation itself, malignant growth of the rectum may be classified as follows:—1. The circumscribed tumour easily removed by excising a segment of the rectal mucous membrane. 2. The diffuse infiltration of the rectum, including the mucous membrane of the anus. 3. The diffuse infiltration beginning above the sphincter of the anus. In cases of the first class, the field of operation being exposed by forcible digital dilation, or or by the introduction of a Sim's speculum, the tumour is caught and drawn down towards the anus [and excised.

The next step of the operation consists in introducing a long narrow bistoury on the affected side near the margin of the anus, and pushing it upwards underneath the mucous membrane until its point is perceptible in the wound occupying the former seat of the tumour. Through the channel thus made, a drainage tube is passed, after which the lips of the wound in the rectum are accurately united by sutures. If union by first intention ensues, the cavity without the rectum can be easily cleansed with antiseptic injections through the drainage tube. Malignant diseases of the rectum which begin at the anus, necessitate the extirpation of the entire viscus. Before dividing the tube between the healthy and diseased portions, silk sutures should be drawn through the former in order that it may subsequently be united to the healthy skin. After this operation also, a number of drainage tubes are inserted along the rectum the entire length of the wound. If the peritoneal cavity was opened during the first act of the operation, the wound in it is closed (after thorough disinfection) with cat-gut sutures. In cases where the disease diffusely infiltrates the rectal mucous membrane above the sphincter, the affected portion is removed after having been divided anteriorly and posteriorly in the median line; the upper portion being then drawn down, is united by sutures with the mucous membrane lining the sphincter, drainage having been provided for as in the previous cases. The advantages of the operation are greatest when the lower portion of the gut is sacrificed, because in relapses there is no such painful impediments to defectation as invariably supervenes when the sphincter of the anus is sphincter.—R. Volkman, *Samml. Klin. Vorträge*, No. 131.

Diagnosis of Aneurism.—W. S. Oliver, M.D., Surgeon-Major, R.A., gives the following process for the diagnosis of *thoracic aneurism:* "Place the patient in the erect position, direct him to close his mouth and elevate his chin to the fullest extent, then grasp the cricoid cartilage between the finger and thumb, and use gentle upward pressure upon it, when, if dilatation or aneurism exist, the pulsation of the aorta [shall] be distinctly felt, transmitted through the trachea and to the hand. The act of examination [shall] increase laryngeal distress should this accompany the disease.—*New York Medical Record.*

Erysipelas and Menstruation.—Grellety (*Cbl. f. Chir.*, 1878, No. 34; from *Rev. de. Therap.*) gives the case of a young married woman who was accustomed regularly, on the occurrence of the menstrual period, to suffer an attack of erysipelas of the face. When the flow appeared (it usually required artificial means to bring it about), the erysipelatous rash disappeared. In another case a woman of 47 was attacked by erysipelas of the face in the course of some other affection, which also disappeared as soon as the menses appeared. The author proposes to call this "catamenial erysipelas." Dal-Piaz describes a similar case in which a girl of 16 was the patient. She suffered a long time with erysipelas, which disappeared during her menstrual period.

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NOTES, NEWS, AND GOSSIP.

Antiquity of Vaccination.—According to the proverb there is nothing new under the sun. Hence, perhaps, Dr. Huillet, late of Pondicherry, undertakes to show that vaccination was known to a certain Dahnwantori, who flourished several thousand years before Hippocrates.

The Balm of Gilead.—Dr. De Hass gives the followparticulars as to this far-famed specific for all diseases: The name of Gilead was sometimes applied to all trans-Jordanic Palestine; properly, however, it included only the country east of the Jordan from the head of the Dead Sea to the foot of the Lake Genesareth, of which Mizpeh Gilead was the crowning point. It was here, along the Jordan and about Jericho, the balsam or balm once so highly prized was procured from an aromatic tree, supposed still to be found in this region, and known as *Spina Christi*, or tree from which the Saviour's crown of thorns was woven. This most precious gum was obtained by making an incision in the bark of the tree; it also oozed from the leaves, and sometimes hung in drops like honey from the branches. The tree, which originally was found in Palestine, was transplanted to Egypt by Cleopatra, to whom the groves near Jericho were presented by Mark Antony. The shrub was afterwards taken to Arabia and grown in the neighbourhood of Mecca, whence the balsam is now exported to Europe and America, not as balm from Gilead, but balsam of Mecca. The gardens round Heliopolis and the "Fountain of the Sun," in Egypt, no longer produce this rare plant, and it has long since ceased to be an article of export from the ancient Gilead.

Hydrophobia.—An aged forester has published the following in a Leipzig journal: "I do not wish to carry to my grave my much-proved cure for the bites of mad dogs, but will publish the same as the last service which I can offer to the world: Wash the wound perfectly clean with wine-vinegar and tepid water; then dry it. Afterwards pour into the wound a few drops of muriatic acid, for mineral acids destroy the poison of the dog's saliva."

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DEATHS.

Axford.—Nov. 18, at St. Leonard's-on-Sea, Charles John Axford, M.R.C.S.E., aged 57.

Baetcke.—Nov. 1, at 34 Union Street, Greenock, N.B., E. J. Baetcke, M.D., of Rome, aged 48.

Batchelour.—Nov. 18, at 47 Jeffreys Road, S.W., Wm. Batchelour, M.R.C.S., after a lingering and painful illness.

Bennett.—Oct. 27, at Lansdown Crescent, Cheltenham, William Bennett, M.D., aged 75.

Bloxam.—Nov. 5, at Mount Street, Grosvenor Square, William Bloxam, M.D., aged 48.

Browning.—Nov. 1, at 25 Portsdown Road, Maida Vale, W., Charles Browning, M.D., aged 74.

Button.—Nov. 11, at Great Yarmouth, Arthur M. Button, M.R.C.S E., of Edgbaston, aged 51.

Cane.—Nov. 15, at 76 Haddington Road, Dublin, Susan, relict of the late Robert Cane, M.D., Kilkenny, aged 65.

Charleton.—Nov. 5, at Suffolk House, Hastings, Edward Charlton, M.D., aged 61.

Clapp.—Nov. 4, at Welbeck Street, William Clapp, M.R.C.S, aged 81.

Coutts.—Oct. 25, at Globe Street, Wapping, James Coutts, A.M., M.D., M.R.C.S.E., aged 64.

Dassanville.—Nov. 18, at Thun, Switzerland, the wife of W. A. Dassanville, M.D., Deputy Inspector-General of Hospitals.

Davies.—Nov. 7, at Stapleton Road, Bristol, Thomas Henry Whitehouse Davies, M.R.C.S.E., aged 84.

Downing.—Oct 31, at Wellington House, New Cross, S.E., Edward Downing, L.F.P.S.Glas., M R.C.S Eng., aged 70.

Draper.—Oct. 23, at Kenilworth, Charles Draper, M.R.C.S., aged 65.

Fagan.—Nov 6, at Oakwood, Duppas Hill, Croydon, Christopher R. Fagan, M.D., aged 25.

Flowers.—Nov. 6, at Southport, W. F. Flowers, M.B. Oxon.

Flynn.—Nov. 7, at 1 Belgrave Square, Rathmines, F. F. Flynn, M.B. Univ. Dub., L.R.C.S.I.

Green.—Oct. 31, at Berkeley Square, Bristol, Thomas Green, M.D., aged 77.

Heas.—Oct. 20, at Clonakilty, co. Cork, Patrick Heas, M.D., aged 35.

Horton.—Nov. 12, George Edward Horton, L.F.P.S.G., of Edgbaston and Dudley, aged 59.

Howison.—Oct. 31, at Sussex Street, Belgravia, Howison Young Howison, M.D., Surgeon in the Army, on half-pay, aged 44.

Hughes.—Oct 25, at Landrillo, Edward Thomas Hughes, M.D., aged 68.

Kennedy.—Oct. 24, at Eldon Square, Newcastle-on-Tyne, John Ferguson Kennedy, L.R.C.P.Ed., aged 70.

Lingen.—Oct. 28, at Hereford, Charles Lingen, M.D., aged 67.

Leslie.—Nov. 18, at 8 Walpole Road, Brighton, Percy Leslie, M.D. aged 48.

Mackintosh.—Nov. 8, at Caistor, John Innes Mackintosh, M.D aged 58.

Minchin.—Nov. 14, at the residence of his father, Dr. H. Minchin, 54 Lower Dominick Street, Dublin, Robert W. Minchin, L.R.C.S.I., aged 25.

Macarthur.—Oct. 30, at Dumbarton Road, Glasgow, Charles Macarthur, L.F P.S.G., aged 70.

Mathewson.—Nov. 9, at Sands, Kincardine-on-Forth, R. Robertson Mathewson, L.R.C.S.Ed., of Belvedere, Kent, aged 44.

Munro.—Nov. 19, at 102 Earl Street, Lower Broughton, Manchester, Augusta Ann Munro, the wife of W. Munro, M.D., and daughter of the late W. D. Beard, M.R.C.S., St. Kitts, West Indies.

Noel.—Nov. 20, at Upper Tooting, David C. Noel, L.R.C.P., M.R.C.S., aged 58.

Parsons.—Nov. 18, at Walsgrave, Charles Henry Parsons, M.R.C.S., L.S.A.L. (late of Shelton).

Rigby.—Nov. 18, at Brown-Hills, Stretton, Salop, James M. Rigby L.R.C.P.L., aged 40.

Wilson.—Nov. 17, at Falkirk, John Wilson, L.R.C.S.Ed., Surgeon R.N., aged 86.

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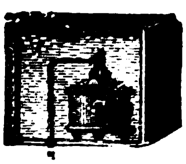

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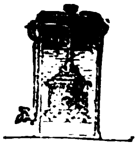

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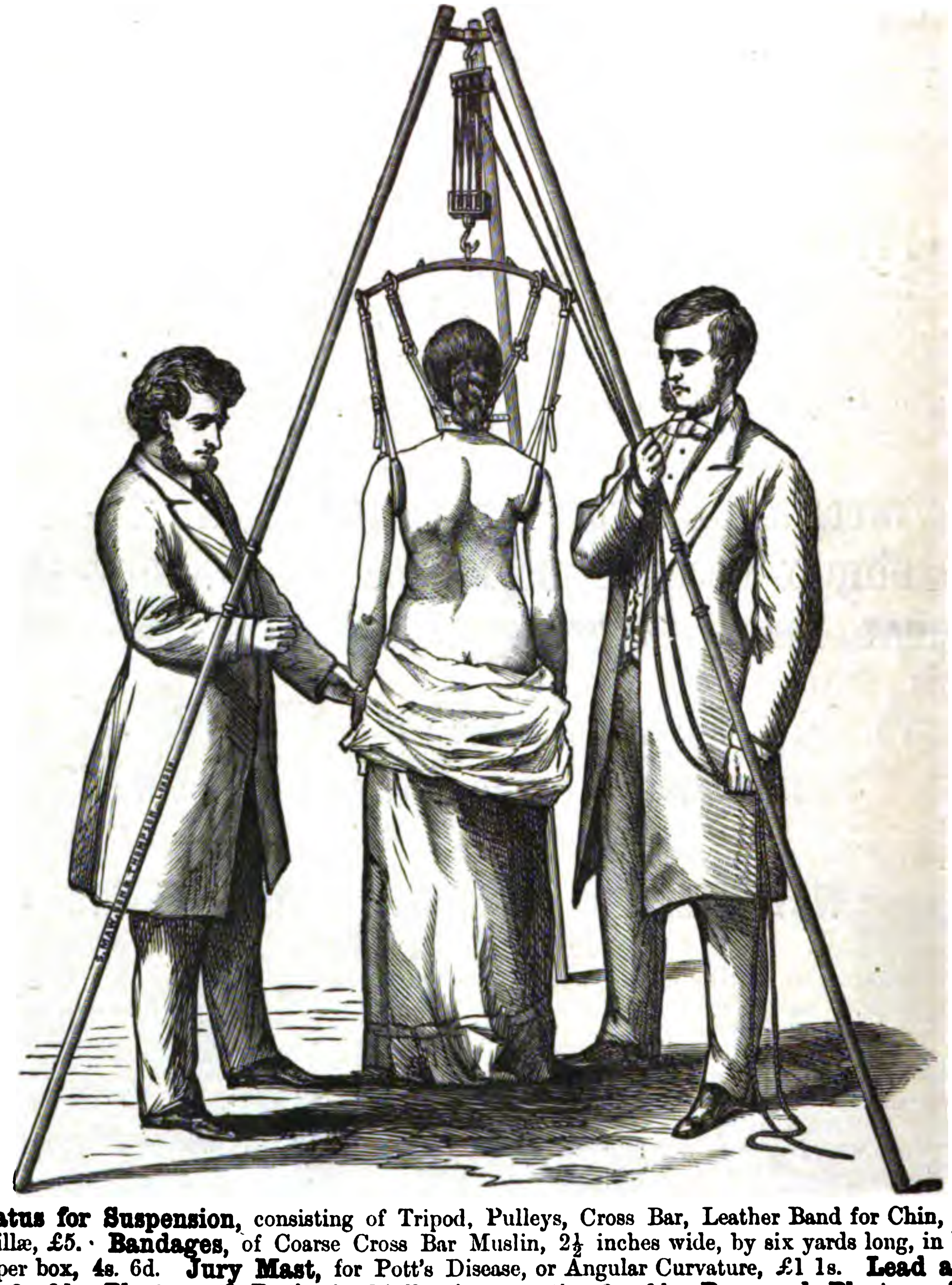

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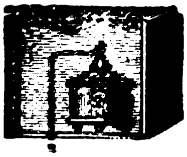

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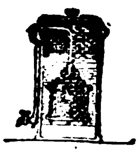

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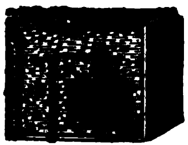

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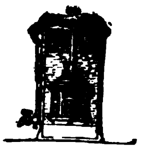

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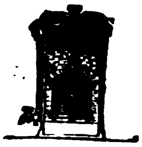

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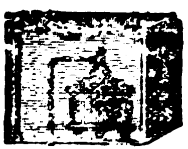

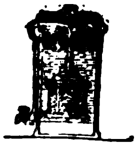

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